

## ABS

**Service Code: ABS**

**Service Absence-Intensive Residential Treatment  
Services, Sexual Offenders, Level 7 Secure  
Care, Mental Health**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Sexual Offender, Level 7 Secure Care, Mental Health (DSS) provider. This code can only be opened in conjunction with DSS. This is not a stand alone service. See service code DSS for the program description.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

Daily

\$231.37

***Service Eligibility***

**Eligibility**

**Description**

FB

CHILD WELFARE NON IV-E

YC

YOUTH CORRECTIONS

**Service Code: AFB****Service Absence-Family Based Residential Care****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in custody placed with a Family Residential Care (DFB, YFB) provider. This code can only be opened in conjunction with DFB or YFB. This is not a stand alone service. See service codes DFB or YFB for the program

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$58.74

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$76.22

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	11/01/1998	\$68.08	07/01/2000
Daily	COLA	08/08/2001	\$70.62	07/01/2001
Daily	COLA	07/09/2002	\$73.74	07/01/2002
Daily	COLA	09/09/2004	\$76.22	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

## AFM

**Service Code: AFM**

**Service Absence-Family Based Residential Care,  
Mental Health**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS  
DJJS

***Description:***

Payment for vacancy days for youth in custody placed with a Family Based Residential Care, Mental Health (DFM, YFM) provider.

This code can only be opened in conjunction with DFM or YFM. This is not a stand alone service. See service code DFM or YFM for the program description.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$90.33

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

# AGT

**Service Code: AGT**

**Service Absence-Group Therapy**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Purpose: To be used when a client has missed a group therapy appointment and the case manager was unable to give the therapist 24 hour cancellation notice. The provider may bill for the missed appointment at the negotiated rate established in their contract with the division. This code identifies that the missed appointment will not be billed for medicaid reimbursement.

Service: Group counseling to youth having emotional and/or behavioral disorders. Therapeutic needs may include, but are not limited to: sex abuse victim treatment, socialization, substance abuse treatment, sex offender treatment, violent and aggressive behavior treatment, victim support/awareness, independent life skills enhancement, parent education, peer support, and treatment to transition youth from protected/secure care to the community.

This code can only be used in conjunction with YGT. This is not a stand alone service.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Session	\$15.00
Quarter hour	\$3.75

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

**Service Code: AIC****Service Absence-Individual and Family Counseling****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

Purpose: This code may be used when a client has missed a therapy appointment and the case manager was unable to give the therapist 24 hour cancellation notice. The provider may bill for the missed appointment at the negotiated rate established in their contract with the division. The code is to identify missed appointments so that they will not be billed for medicaid reimbursement.

Service: Clinical intervention to youth and their families to assist with family dysfunction and difficulties that are disruptive to their lives and a concern to the community. Individual therapeutic needs may include treatment for emotional and behavioral disorders which include, but are not limited to, depression, emotional disturbance, substance abuse, sexual aggression, and violent and aggressive behavior.

This code can only be used in conjunction with YFC. This is not a stand alone service.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Hourly	\$51.52
Quarter hour	\$12.88

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

**Service Code: AIR****Service Absence-Individual Residential Care****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in Division of Child and Family Services custody place with an Individual Residential care (DIR, YIR). This code can only be opened in conjunction with DIR or YIR. It is not a stand only service.

Client Description: Frequent or repetitive problems in one or more areas; may engage in anti-social acts, but is capable of meaningful interpersonal relationships. Requires supervision in structured supportive setting with counseling available from professional and/or para?professional staff.

Facility: For a complete description of the facility required refer to description under Code DIR.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$68.71

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$88.46

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1994	\$79.03	07/01/2000
Daily	COLA	08/08/2001	\$81.97	07/01/2001
Daily	COLA	07/09/2002	\$85.60	07/01/2002
Daily	COLA	09/09/2004	\$88.46	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code: ALF****Service Absence-Residential Treatment Services,  
Cognitively Impaired****Creation Date: 1/24/2001****Obsolete Date: 07/01/2005****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**DCFS  
DJJS***Description:***

Payment for vacancy days for youth in custody placed with a Residential Treatment Services, Cognitively Impaired (YLF, DLF) provider. This code can only be opened in conjunction with DLF or YLF. This is not a stand alone service. See service code DLF, YLF for the program description.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$131.74

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$178.16

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Initial Review	11/01/1998	\$154.87	07/01/2000
Daily	COLA	08/08/2001	\$160.65	07/01/2001
Daily	COLA	07/09/2002	\$167.74	07/01/2002
Daily	COLA	09/09/2004	\$173.37	07/01/2004
Daily	COLA	07/12/2005	\$178.16	07/01/2005

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

# ALR

**Service Code: ALR**

**Service Absence-Independent Living Residential Care**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS

DJJS

## ***Description:***

This code is used to identify days absent from placement in the Independent Living Residential Program (YLR, DLR) for Medicaid reimbursement. This code must be used in conjunction with the YLR or DLR code and cannot be open by itself.

## ***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$70.24

## ***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$90.91

## ***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Initial Review	11/01/1998	\$79.03	07/01/2000
Daily	COLA	08/08/2001	\$81.97	07/01/2001
Daily	COLA	07/09/2002	\$85.60	07/01/2002
Daily	COLA	09/09/2004	\$88.46	07/01/2004
Daily	COLA	07/12/2005	\$90.91	07/01/2005

## ***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS



# ALS

**Service Code: ALS**

**Service Absence-Intensive Residential Treatment  
Services, Cognitively Impaired**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS  
DJJS

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential treatment Services, Cognitively Impaired (DLS) provider. This code can only be opened in conjunction with DLS. This is not a stand alone service. See service code DLS for the program description.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$146.16

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$191.86

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	12/01/1998	\$166.78	07/01/2000
Daily	COLA	08/08/2001	\$173.00	07/01/2001
Daily	COLA	07/09/2002	\$180.65	07/01/2002
Daily	COLA	09/09/2004	\$186.70	07/01/2004
Daily	COLA	07/12/2005	\$191.86	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

# AMM

**Service Code: AMM**

**Service Absence-Medication Management  
(Psychiatrist)**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DJJS

**Description:**

Purpose: This code may be used when a client has missed an appointment with a psychiatrist for medication management and the case manager was unable to give the psychiatrist a 24 hour cancellation notice. The provider may bill for the missed appointment at the negotiated rate established in their contract with the division. This identifies that the missed appointment will not be billed for medicaid reimbursement.

Service: To be used when a licensed Psychiatrist is prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.

This code can only be used in conjunction with YMM. This is not a stand alone service.

**USSDS Rates as of 7/15/2005**

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Hourly	\$120.00

**Service Eligibility**

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

**Service Code: AOI**

**Service Outdoor Impact Program-Absence**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

This is a unique, one of a kind, program operated by a private corporation since 1973. They offer alternative placement to transitional youth service facilities. They provide high impact outdoor programs which include: an impact camp, wagon train, bike quest, and hiking quest. Education is provided in each stage. Please refer to sole source statement.

The absence code can be used only in conjunction with YOI and is to be utilized when clients are absent from the program for more than 8 days, in detention, or a psychiatric hospital and Medicaid should not be billed by DHS.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

Daily

\$131.83

***Service Eligibility***

**Eligibility**

**Description**

FT

AFDC-FC

YC

YOUTH CORRECTIONS

# APA

**Service Code: APA**

**Service Absence Positive Peer Program**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 5/25/2004

**Obsolete Date:**

**Agencies Using Code**

DJJS

**Description:**

Payment for approved absence days for youth in custody placed with a Positive Peer Program YPP contractor. This code can only be opened in conjunction with YPP. This is not a stand alone service. See service code YPP for service description

***USSDS Rates as of 7/15/2005***

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Daily	\$120.18

***BCM Maximum Allowable Rate (MAR)***

<u><b>Unit</b></u>	<u><b>MAR Rate</b></u>
Daily	\$124.74

***BCM Rate Actions***

<u><b>Unit</b></u>	<u><b>Action</b></u>	<u><b>Action Date</b></u>	<u><b>New Rate</b></u>	<u><b>Effective Date</b></u>
Daily	COLA	07/13/2005	\$124.74	07/01/2005

***Service Eligibility***

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

## APE

**Service Code: APE**

**Service Absence-Psychiatric evaluation**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

To be used when a client has missed an appointment with a psychiatrist for evaluation and the case manager was unable to give the psychiatrist a 24 hour cancellation notice. The provider may bill for the missed appointment at the negotiated rate established in their contract with the division. This code is to identify that the missed appointment will not be billed for medicaid reimbursement.

This code can only be used in conjunction with YPE. This is not a stand alone service.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Hourly	\$120.00

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

# APG

**Service Code: APG**

**Service Absence-Residential Services,  
Pregnant/Parenting Teen**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS  
DJJS

***Description:***

Payment for vacancy days for youth in custody placed with a Residential Services, Pregnant Parenting Teen (YPG, DPG) provider. This code can only be opened in conjunction with YPG or DPG. This is not a stand alone service. See service code YPG or DPG for program description.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$75.06

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$98.47

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Initial Review	12/01/1998	\$85.60	07/01/2000
Daily	COLA	08/08/2001	\$88.79	07/01/2001
Daily	COLA	07/09/2002	\$92.71	07/01/2002
Daily	COLA	09/09/2004	\$95.82	07/01/2004
Daily	COLA	07/12/2005	\$98.47	07/01/2005

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

## APM

**Service Code: APM**

**Service Absence-Psychiatric Residential Treatment  
Services, Mental Health**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS  
DJJS

***Description:***

Payment for vacancy days for youth in custody placed with a Psychiatric Residential Treatment Services, Mental Health (YPM, DPM) provider. This code can only be opened in conjunction with DPM or YPM. This is not a stand alone service. See service code DPM or YPM for the program description.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$232.95

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

# APR

**Service Code: APR**

**Service Absent-Psychiatric Residential Treatment**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in Division of Child and Family Services/Division of Youth Corrections custody placed with a Psychiatric Residential Treatment Provider (ARP). This code can only be opened in conjunction with DPR or YPR. This is not a stand alone service.

Client Description: Very severe impairment(s), disability(s), or need(s), consistently unable or unwilling to cooperate in own care. May be severely aggressive or exhibit self destructive behavior or grossly impaired in reality testing, communication, cognition affect, or personal hygiene. May present severe to critical risk or causing serious harm to self or others. Children and adolescents in this level of care have acute or chronic emotional or behavioral disorders or conditions such that a highly structured program with 24-hour supervision and nursing care is essential to improved functioning or maintenance.

Facility: A psychiatric residential treatment facility accredited by JCAHO. See policy manual for further detail.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$235.56

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$296.40

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	05/01/1995	\$264.77	07/01/2000
Daily	COLA	08/08/2001	\$274.65	07/01/2001
Daily	COLA	07/09/2002	\$286.78	07/01/2002
Daily	COLA	09/13/2004	\$296.40	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS



# ARC

**Service Code: ARC**

**Service Absence-Residential Group Care**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a Residential Group Care Provider (DRC, YRC). This code can only be opened in conjunction with DRC or YRC. This is not a stand alone service.

Client Description: Substantial problems; have physical, emotional, or social needs and behaviors that may present a moderate risk of causing harm to themselves or to others. Require treatment program in a structured supportive setting with therapeutic counseling available by professional staff.

Facility - For a complete description of facility required please look under Code DRC or YRC.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$67.43

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$84.01

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1994	\$75.04	07/01/2000
Daily	COLA	08/08/2001	\$77.84	07/01/2001
Daily	COLA	07/09/2002	\$81.28	07/01/2002
Daily	COLA	09/13/2004	\$84.01	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

# ARH

**Service Code: ARH**

**Service Absence-Intensive Residential Treatment  
Services, Mental Health**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS  
DJJS

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Mental Health (DRH, YRH) provider. This code can only be opened in conjunction with DRH or YRH. This is not a stand alone service. See service code DRH or YRH for the program description.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

Daily

\$193.74

***Service Eligibility***

**Eligibility**

**Description**

FB

CHILD WELFARE NON IV-E

YC

YOUTH CORRECTIONS

# ARM

**Service Code: ARM**

**Service Absence-Residential Treatment Services**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a Residential Treatment provider (DRM). This code can only be opened in conjunction with DRM/YRM. It is not a stand alone service.

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting.

Facility: For a complete description of the required facility, please see the description under the DRM and YRM codes.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$111.34

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$141.36

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Review	04/01/1994	\$126.28	07/01/2000
Daily	COLA	08/08/2001	\$130.99	07/01/2001
Daily	COLA	07/09/2002	\$136.78	07/01/2002
Daily	COLA	09/13/2004	\$141.36	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

## ASA

**Service Code: ASA**

**Creation Date:** 1/24/2001

**Service Absence-Salt Lake County Substance Abuse  
Treatment Services**

**Obsolete Date:**

**Contract Type:** Closed or fixed dollar amount contract required

**Agencies Using Code**

**Residential:** No

DJJS

***Description:***

Payment for vacancy days for youth in custody placed in the Salt Lake County Substance Abuse residential treatment program (SAS) due to home visit, brief detention stay, or some other reason for which the youth would be out of placement for a short time and it is necessary to hold the bed space for his/her return.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$91.00

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

## ASM

**Service Code: ASM**

**Service Absence-Intensive Residential Treatment  
Services, Sexual Offender, Level 6, Mental  
Health**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in custody placed with an Intensive Residential Treatment Services, Sexual Offender, Level 6, Mental Health (YSM, DSM) provider. This code can only be opened in conjunction with YSM or DSM. This is not a stand alone service. See service code DSM or YSM for the program description.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

Daily

\$193.74

***Service Eligibility***

**Eligibility**

**Description**

FB

CHILD WELFARE NON IV-E

YC

YOUTH CORRECTIONS

# AST

**Service Code: AST**

**Service Absence-Residential Treatment for Juvenile Sexual Offenders**

**Creation Date:** 1/24/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS  
DJJS

***Description:***

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a sex offender Specialized Treatment (DST, YST). This code can only be opened in conjunction with DST or YST. It is not a stand alone service.

Program Description: The program must be able to provide services to youth who are typically more predatory, violent and/or more entrenched in sex offender patterns. It should meet minimum standards of treatment of juvenile sex offenders as specified by the National Task Force on Juveniles Offending Sexually (1988). Treatment services must include a constellation of treatment modalities which include offense specific treatment groups and psychoeducational groups.

Facility: For a description of the facility requirements please refer to the DST definition.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$139.42

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$171.83

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Review	04/01/1994	\$153.50	07/01/2000
Daily	COLA	08/08/2001	\$159.23	07/01/2001
Daily	COLA	07/09/2002	\$166.26	07/01/2002
Daily	COLA	09/13/2004	\$171.83	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code: ATF****Service Absence-Residential Teaching Family Model****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

Payment for vacancy days for youth in Division of Child and Family Services custody placed with a Teaching Family (DTF) or Division of Youth Corrections code (YTF). This code can only be opened in conjunction with DTF or YTF. It is not a stand alone service.

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities. Make exhibit or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff on limited access setting.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$107.29

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$132.31

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Review	07/01/1995	\$118.20	07/01/2000
Daily	COLA	08/08/2001	\$122.60	07/01/2001
Daily	COLA	07/09/2002	\$128.02	07/01/2002
Daily	COLA	09/13/2004	\$132.31	07/01/2004

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code: AXE****Service Absence-Psychological Evaluation****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/24/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

Purpose: To be used when a client has missed an appointment with a psychologist and the case manager was unable to give the psychologist a 24 hour cancellation notice. The provider may bill for the missed appointment at the negotiated rate established in their contract with the division. This code is to identify that the missed appointment will not be billed for medicaid reimbursement.

Service: Evaluations to include a general assessment of cognitive functioning, personality profile and specific diagnostic study and description of areas of pathology related to the behavior. Clinical intervention to youth may be ongoing. Staff consultation upon request.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Hourly	\$51.52
Quarter hour	\$12.88

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$19.69

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	08/08/2001	\$17.59	07/01/2001
Quarter hour	COLA	08/08/2001	\$18.24	07/01/2001
Quarter hour	COLA	07/09/2002	\$19.05	07/01/2002
Quarter hour	COLA	09/13/2004	\$19.69	07/01/2004

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
YC	YOUTH CORRECTIONS



**Service Code: FBD****Service Farmington Bay Detention****Contract Type:** Closed or fixed dollar amount contract required**Residential:** Yes**Creation Date:** 8/ 5/2003**Obsolete Date:****Agencies Using Code**

DJJS

**Description:**

To provide residential short-term detention for temporary locked confinement of youth at the Farmington Bay Facility. These youth are awaiting adjudication or placement and are ordered to NYC as sentence or for contempt of court. Detention centers are designated for the temporary custody and care of youth in a physically restricted facility, pending Juvenile Court disposition or transfer to another jurisdiction and/or agency. Detention can also be used as a disposition for up to thirty days.

**USSDS Rates as of 7/15/2005**

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$74.63
Daily	\$2,612.05

**BCM Maximum Allowable Rate (MAR)**

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$2,612.05

**BCM Rate Actions**

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	COLA	07/12/2005	\$2,612.05	07/01/2005

**Service Eligibility**

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
UN	UNIVERSAL
YC	YOUTH CORRECTIONS

**Service Code****Population Served**

Male and female youth age twenty and younger. The majority of youth are between the ages of ten and eighteen.

**Contractor Qualifications**

At least three years experience operating a secure youth facility with a minimum of thirty beds, and three years experience operating a non-secure program for delinquent youth. The contractor must demonstrate an acceptable level of performance verified by a notarized letter from the contracting authority or agency.

**Tx/Serv Requirement**

Specific service goals for the Farmington Bay Youth Center include secure custody, education, medical care, food service, library services, visitation, counseling, clergy services, recreation, exercise, and life skills training.

**Staff Requirements**

The facility is to be managed and operated by qualified and regularly trained personnel using a direct supervision management philosophy. Youth are to be under direct, continuous supervision of direct care staff. A single administrator shall manage the facility and its programs. The administrator is to meet monthly with the NYC Program Director.

**Staff to Client Ratios**

The facility shall be staffed twenty-four hours each day, seven days a week. When a female youth is placed in the facility a female direct care worker must be in the living center. The client to staff ratio is to be 1:9 during work hours. The ratio is to be 1 staff to 18 residents during graveyard shifts.

**Staff Training**

**Name:** The facility shall comply with the written training program provided in the proposal. The training plan should provide for a minimum of forty hours of new employee orientation within the first six months of the hire date. Employees need to complete forty hours of additional training each fiscal year thereafter.

**Client Assessment/Tx Plan**

The Denton Center provides short-term crisis intervention and clinical services to meet the immediate needs of detainees. This may include a psychological assessment, medication management, short term counseling, medical and/or dental assessments and/or treatments, and Psychiatric services.

**Record Keeping**

The facility record keeping and documentation plan shall be in accordance with DHS/DYC Administrative Policy and Procedures Manual section 6.1-6.11. The facility shall document admissions and releases, bed placements, classifications, property placements, youth placements, critical messages and monthly reports. Youth records shall include medical entries and reports, court dates, daily log notes, chronological sheet, incident reports, grievance and/or disciplinary reports, program rules and orientation forms signed by each youth.

**Rate**

Payments are to be determined by the Midnight Population Count.

**Service Code: FBS****Service Farmington bay Secure Care****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

To provide privatized secure confinement at the Farmington Bay Facility to youth committed by the juvenile court for sex offenses. These youth are under the jurisdiction of the Youth Parole Authority.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$106.28
Daily	\$2,215.60

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$2,215.60

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Review	05/10/2001	\$2,762.60	01/29/2001
Daily	COLA	07/12/2005	\$2,215.60	07/01/2005

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
UN	UNIVERSAL
YC	YOUTH CORRECTIONS

# IYP

**Service Code:** IYP

**Service** Independent Living

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

**Description:**

Children in the custody of Youth Corrections at age 16 can be considered for independent living arrangements. Child receives IYP funds up to the same amount as a basic Foster Payment (CFP).

***USSDS Rates as of 7/15/2005***

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Daily	\$7.26
Personal Need	\$225.06

***BCM Maximum Allowable Rate (MAR)***

<u><b>Unit</b></u>	<u><b>MAR Rate</b></u>
Daily	\$15.92

***BCM Rate Actions***

<u><b>Unit</b></u>	<u><b>Action</b></u>	<u><b>Action Date</b></u>	<u><b>New Rate</b></u>	<u><b>Effective Date</b></u>
Daily	Initial Review	01/01/1990	\$13.84	07/01/2000
Daily	COLA	08/09/2001	\$14.35	07/01/2001
Daily	COLA	07/10/2002	\$14.99	07/01/2002
Daily	COLA	09/13/2004	\$15.49	07/01/2004
Daily	COLA	07/12/2005	\$15.92	07/01/2005

***Service Eligibility***

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

**Service Code: JSP****Service Joyous Season Payment****Contract Type:** No contract allowed for this service**Residential:** No**Creation Date:** 1/25/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

Division of Youth Corrections:

For Christmas gifts to be given to and by the child. If funds are available, \$42.00 is given to foster parents for each child and an additional \$12.00 is given to each child over age five to spend for gifts. If the funds are not available, payments will be reduced or eliminated.

Division of Children &amp; Family Services:

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Personal Need	\$58.00

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

# MCA

**Service Code: MCA**

**Service Medicaid Special Assessment**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DCFS

DJJS

## ***Description:***

The assessment shall be completed by a qualified staff (i.e., licensed psychiatrist, licensed psychologist, etc.). Identify the existence, nature and extent of emotional and behavioral problems for the purpose of determining the youth's need for services. The content of the assessment shall comply with Medicaid requirements.

## ***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$28.16

## ***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$33.12

## ***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	07/01/1999	\$28.79	07/01/2000
Quarter hour	COLA	08/09/2001	\$29.87	07/01/2001
Quarter hour	COLA	07/11/2002	\$31.19	07/01/2002
Quarter hour	COLA	09/13/2004	\$32.23	07/01/2004
Quarter hour	COLA	07/12/2005	\$33.12	07/01/2005

## ***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

## ***Service Code***

### **Contractor Qualifications**

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended:

1. licensed physician;
2. licensed psychologist;
3. licensed clinical social worker;
4. licensed advanced practice registered mental health nurse specialist;
5. licensed marriage and family therapist;
6. licensed professional counselor; or

- B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or

***Name:*** engaged in completion of approved clinical training after completion of the education, working under the supervision of  
a licensed mental health therapist identified above. Masters level social workers, masters level marriage and family therapist and certified social workers must obtain approval from the Division of Occupational and Professional Licensing(DOPL) before beginning their clinical training after completion of their education. Without DOPL approval they may not do mental health therapy, such as mental health evaluations, individual, family or group therapy. Masters level prospective professional counselors who intend to apply for licensure as a professional counselor, must be engaged in a post-masters supervised practice in order to do mental health therapy.

- C. Individuals identified below may participate as part of a multi-disciplinary team in the evaluation process by gathering the psychosocial data when working under the supervision of a licensed practitioner identified in section 1 or 2 above:

1. licensed certified social worker;
2. licensed social service worker;
3. licensed registered nurse, or
4. licensed practical nurse.

**Other**

**ADDITIONAL REQUIREMENTS**

- A. Knowledge of the requirements of the Division contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**Record Keeping**

Evaluation report, reevaluation report, diagnosis, treatment recommendations and individual treatment plan, if needed.

**Rate**

The Provider will be reimbursed on a fee for service basis. The periodic reevaluation of the client's treatment plan by a licensed mental health therapist may be billed only if the reevaluation is conducted during a face-to-face interview with the

**Service Code: SAG****Service Substance Abuse Group Counseling****Creation Date: 8/18/2005****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DJJS

**Description:**

The Division has a residential contract with a boarding school located out of state (Iowa). The contract does not include therapy services. The placement is for females in DJJS custody in need of a structured living and education environment. Many of the clients need substance abuse treatment. The provider was recently licensed and staffed to provide substance abuse treatment and the Division needs to create new codes to allow for the purchase of substance abuse treatment services (both individual and group counseling) as needed for female youth placed at the facility. The service does not require the clinical staffing required for a Medicaid eligible service (YFC and YGT). The cost is also substantially less than the Medicaid services for individual and group

**USSDS Rates as of 7/15/2005****Unit****Rate****BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Personal Need

\$0.00

**Service Code****Other**

Service Description: Substance Abuse Group Counseling means face-to-face interventions with two or more clients in the same session with a focus on issues related to substance abuse. The goal is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

**Contractor Qualifications**

- A. The Contractor shall be licensed to provide a substance abuse treatment program as required by the applicable licensing authority in the State in which they are providing services.
- B. The individual(s) providing substance abuse individual counseling services shall be qualified and licensed or certified as required by the applicable licensing authority in the State in which they are providing services.

**Client Assessment/Tx Plan**

Evaluation: Prior to the provision of services, a qualified individual shall evaluate the client to assess the existence, nature, or extent of the client's substance abuse and other disorders for the purpose of determining the client's need for substance abuse treatment. Based on the evaluation, a treatment plan shall be developed and periodically reviewed.

A. If it is determined the client needs substance abuse treatment, a treatment plan shall be developed prior to initiating services. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the evaluation.

B. The treatment plan should include the following:

1. Measurable treatment goals developed in conjunction with the client.
2. Treatment regimen : the specific treatment methods that will be used to meet the treatment goals.
3. Projected schedule for service delivery, including the expected frequency and duration of each treatment method.
4. Discharge criteria.
5. Signature of the individual responsible for developing the treatment plan and signature of the client.

C. Review of the Treatment Plan: The treatment plan shall be reviewed at least quarterly, or more often as needed if there is a change in the client's condition or status. The review shall include a written review of progress toward the treatment objectives, an assessment of the appropriateness of the services being provided and the continued need for services.

**Record Keeping**

Documentation: The client file shall contain the following documentation:

- A. Copy of the evaluation, treatment plan and treatment plan reviews.
- B. Documentation shall include for each Individual Counseling session:
  1. Date of service.



2.Duration of the service.

***Name:*** 3.Setting in which the service was rendered.

4.Treatment goal(s) addressed by the session.

5.Clinical note describing the client's progress toward treatment goal(s).

6.Signature and title of individual who rendered the services.

**Rate**

The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the client.

The rate is a negotiated rate and used for an out-of-state sole source provider. The only contract provider to which this currently applies is located in Iowa and the rate of \$ 27.83 is the rate set by the State of Iowa Department of Human Services therapy. for this service. The rate is for a unit of service 30 minutes in length.

**Service Code: SAI****Service Substance Abuse Individual Counseling****Creation Date: 8/18/2005****Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Agencies Using Code****Residential:** No

DJJS

**Description:**

The Division has a residential contract with a boarding school located out of state (Iowa). The contract does not include therapy services. The placement is for females in DJJS custody in need of a structured living and education environment. Many of the clients need substance abuse treatment. The provider was recently licensed and staffed to provide substance abuse treatment and the Division needs to create new codes to allow for the purchase of substance abuse treatment services (both individual and group counseling) as needed for female youth placed at the facility. The service does not require the clinical staffing required for a Medicaid eligible service (YFC and YGT). The cost is also substantially less than the Medicaid services for individual and group

**USSDS Rates as of 7/15/2005****Unit****Rate****BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Personal Need

\$0.00

**Service Code****Other**

Service Description: Substance Abuse Individual Counseling means face-to-face interventions with an individual client with a focus on issues related to substance abuse. The service is intended to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

**Contractor Qualifications**

- A. The Contractor shall be licensed to provide a substance abuse treatment program as required by the applicable licensing authority in the State in which they are providing services.
- B. The individual(s) providing substance abuse individual counseling services shall be qualified and licensed or certified as required by the applicable licensing authority in the State in which they are providing services.

**Client Assessment/Tx Plan**

Evaluation: Prior to the provision of services, a qualified individual shall evaluate the client to assess the existence, nature, or extent of the client's substance abuse and other disorders for the purpose of determining the client's need for substance abuse treatment. Based on the evaluation, a treatment plan shall be developed and periodically reviewed.

A. If it is determined the client needs substance abuse treatment, a treatment plan shall be developed prior to initiating services. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the evaluation.

B. The treatment plan should include the following:

1. Measurable treatment goals developed in conjunction with the client.
2. Treatment regimen : the specific treatment methods that will be used to meet the treatment goals.
3. Projected schedule for service delivery, including the expected frequency and duration of each treatment method.
4. Discharge criteria.
5. Signature of the individual responsible for developing the treatment plan and signature of the client.

C. Review of the Treatment Plan: The treatment plan shall be reviewed at least quarterly, or more often as needed if there is a change in the client's condition or status. The review shall include a written review of progress toward the treatment objectives, an assessment of the appropriateness of the services being provided and the continued need for services.

**Record Keeping**

Documentation: The client file shall contain the following documentation:

- A. Copy of the evaluation, treatment plan and treatment plan reviews.
- B. Documentation shall include for each Individual Counseling session:
  1. Date of service.

2.Duration of the service.

***Name:*** 3.Setting in which the service was rendered.

4.Treatment goal(s) addressed by the session.

5.Clinical note describing the client's progress toward treatment goal(s).

6.Signature and title of individual who rendered the services.

**Rate**

The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the client.

The rate is a negotiated rate and used for an out-of-state sole source provider. The only contract provider to which this currently applies is located in Iowa and the rate of \$ 27.83 is the rate set by the State of Iowa Department of Human Services therapy. for this service. The rate is for a unit of service 30 minutes in length.

# SAS

**Service Code: SAS**

**Service Substance Abuse Treatment Services**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

This code is intended to be used for a broad range of substance abuse treatment services offered by Local Substance Abuse Authorities. The Services span a continuum of substance abuse treatment services and may include assesment, outpatient treatment services and residential care. The local substance abuse authority may provide the services directly or through subcontract with another community agency. The rate may vary for a particular service based upon the rate that has been negotiated with the contracting agency. Services will be billed under this broad code but billings will be itemized as per client, the specific services received and the specific rate negotiated.

***USSDS Rates as of 7/15/2005***

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Hourly	\$0.00
Daily	\$0.00
Session	\$0.00

***Service Eligibility***

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

**Service Code: SBA****Service Sexual Behavior Assessment****Creation Date:** 1/ 1/2005**Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

**Description:**

Service Description: A Sexual Behavior and Risk Assessment is an assessment that focuses specifically on juvenile sexual offender issues to help assess risk to the community posed by the juvenile, determine appropriate conditions of supervision and requisite treatment services including level of care. The assessment includes a review of existing client records, collateral contacts as appropriate and face-to-face interviews with the client.

**USSDS Rates as of 7/15/2005**

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Session	\$555.61

**BCM Maximum Allowable Rate (MAR)**

<u><b>Unit</b></u>	<u><b>MAR Rate</b></u>
Session	\$0.00

**Service Eligibility**

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

**Service Code****Population Served**

Juveniles, ages 12 to 20, under the jurisdiction of the Juvenile Court in Weber or Davis Counties with one or more sexual offenses, in the custody of the Division of Juvenile Justice Services, placed in a sex offender program and referred for assessment by DHS/DJJS.

**Contractor Qualifications**

1. Licensure Requirements: The individual(s) providing Sexual Behavior and Risk Assessments shall be licensed as one of the following:

a. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:

- (1) Licensed physician;
- (2) Licensed psychologist;
- (3) Licensed clinical social worker;
- (4) Licensed advanced practice registered nurse specializing in psychiatric mental health nursing;
- (5) Licensed marriage and family therapist;
- (6) Licensed professional counselor;

b. An individual who is working within the scope of his or her certificate or license:

- (1) Certified psychology resident working under the supervision of a licensed psychologist;
- (2) Certified social worker working under the supervision of a licensed clinical social worker;
- (3) Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse specializing in psychiatric mental health nursing;
- (4) Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
- (5) Certified professional counselor intern working under the supervision of a licensed mental health therapist.

2. Additional Requirements: The individual(s) providing Sexual Behavior and Risk Assessments shall also meet the following requirements:

a. The individual must have at least 40 hours of formal sex offender specific training within the last three years.

b. The individual must have at least 2,000 hours of direct clinical experience in sex offender treatment and/or assessment (direct clinical experience includes contact with patients/clients, direct supervision, training, case coordination and research)

within the last three years. Of these hours, at least 1,500 hours must be face-to face clinical client contact. Individuals who

***Name:*** do not meet the experience requirements are required to arrange for ongoing supervision with a licensed mental health

professional who meets all of the requirements outlined in this section.

c.The individual providing the assessment must be independent of the program providing current treatment to the client or recommended for treatment of the client.

d.Knowledge of the requirements of the DHS/DJJS contract.

e.Review of the DHS Provider Code of Conduct and signed Certificate on Understanding and Compliance

f.If working for an agency licensed by the Department of Human Services Office of Licensing, meet the requirements set forth for criminal background screening (DHS-OL Rule R501-14) and the abuse background screening (DHS-OL Rule R501-18).

If not working for an agency required to be licensed by the DHS Office of Licensing, then the individual providing the service must obtain a criminal background screening through the Utah Bureau of Criminal Investigation and submit the results to

### **Client Assessment/Tx Plan**

Specific Service Requirements: To provide a sexual behavior and risk assessment that focuses specifically on juvenile sexual offender issues to help assess risk to the community posed by the juvenile, determine appropriate conditions of supervision and requisite treatment services including level of care. At a minimum, the assessment shall address the following components:

1.Collateral/investigative information (e.g. police report, legal/court history, victim's statement, victim impact statement, information from significant others, etc.).

2.General history of the alleged offender (e.g. early physical, social and emotional development, family dynamics, school behavior, employment, alcohol and drug use, interpersonal; relationships, prior treatment history, medication use, observations concerning mental status, etc.).

3.Sex-specific history of the alleged offender (e.g. paraphilias, pornography use, consensual sexual activity, dating history, masturbation, sexual arousal pattern, etc.).

4.Offense characteristics (e.g. level of physical invasiveness, method of gaining victim compliance, frequency and duration of alleged offenses, number of victims in relationship to access to victims, victim selection characteristics, events surrounding the most recent alleged sexual assault, precipitating factors, age difference victim-offender, etc.).

5.Offender characteristics (e.g. prior victimization, victim empathy, acceptable of personal responsibility for offending behavior, cognitive distortions thinking errors, etc.).

6.Needs assessment for specialized consultation for services (e.g. cognitive or neurological assessments, educational deficits, sexual arousal such as plethysmography, personality psychopathology, etc.).

7.Placement characteristics (e.g. access to potential victims, ability of alleged perpetrator and significant others to comply with recommendations, environmental concerns, presence of an adequate safety plan, etc.).

8.Risk estimate: A judgment regarding overall future risk for the alleged offender in a specific placement (level of care). As part of estimating risk, an empirically based instrument for assessing sexual risk is recommended (e.g. Juvenile Sex Offender Assessment Protocol II –JSOAP-II, Risk Assessment/ Interviewing Protocol for Adolescent Sexual Offenders, Estimate of Risk of Adolescent Sexual Offense Recidivism ERASOR, etc.). Risk statements should be written as a continuum and associated with a specific placement.

9.Summary and recommendations: The summary of the individual should be based on an integration of all available information gathered during the assessment and include communication of risk and management recommendations. The summary should indicate whether any critical data is omitted or unavailable at the time of the assessment. The recommendations should include recommendations for placement and treatment and the individuals general sexual risk level in a given placement.

Assessments are generally expected to take 4 to 6 hours to complete which includes record review, collateral contacts, testing,

### **Record Keeping**

Documentation: At a minimum, documentation shall include a written report that contains the following information:

1.Date/s of the service;

2.Duration of the service;

3.Setting in which the service was rendered;

4.Summary of findings including:

a.Collateral/investigative information

b.General history of the alleged offender

c.Sex-specific history of the alleged offender

d.Offense characteristics

e.Offender characteristics

f.Needs assessment for specialized consultation services.

g.Placement characteristics

h.Tests administered (if any), test scores and evaluation of test results.

i.Summary, recommendations and risk level related to a given placement or placements.

5.Signature and title of individual who rendered the service.

The Contractor shall retain a copy of the assessment and provide a written copy to the DHS/DJJS Case Manager within the

time frame specified by the Case Manager at the time of referral.

**Rate**

The division has been paying for these assessments in the past through special needs funds and the individual negotiated costs has averaged \$500-600 per assessment and each assessment generally takes 5-6 hours to complete. These assessments are very similar to mental health assessment (MCA) which have a rate of \$27.59 per quarter hour. The proposed \$551.80 per SBA assessment is based on what we would pay for an MCA that took five hours to complete.



# SDS

**Service Code: SDS**

**Service Skills Development Services**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DCFS

DJJS

## ***Description:***

Rehabilitative services designed to: (1) Assist youth to develop competence in basic living skills. (2) Assist youth to develop social skills. (3) Assist youth to develop community awareness. Skills development may also include, supportive counseling directed toward eliminating psychosocial barriers.

## ***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$3.09

## ***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$3.64

## ***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	01/01/1994	\$3.16	07/01/2000
Quarter hour	COLA	08/30/2001	\$3.28	07/01/2001
Quarter hour	COLA	07/11/2002	\$3.43	07/01/2002
Quarter hour	COLA	09/15/2004	\$3.54	07/01/2004
Quarter hour	COLA	07/13/2005	\$3.64	07/01/2005

## ***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

## ***Service Code***

### **Contractor Qualifications**

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered mental health nurse specialist, licensed marriage and family therapist, licensed professional counselor;

B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education;

C. Licensed certified social worker;

D. Licensed registered nurse;

E. Licensed Social Service Worker;

F. Individual certified or credentialed to provide rehabilitative services to children;

- G. Student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed ***Name:*** mental health therapist or licensed certified social worker;
- H. Student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a registered nurse;
- I. Student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker or a licensed social service worker; or
- J. A licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, a licensed certified social worker, a licensed registered nurse, a licensed social service worker, or an individual certified or

**Other****Additional Requirements**

- A. Knowledge of the requirements of the Division contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**Record Keeping**

- A. Daily log documenting the date and duration of the service and activities provided.
- B. Monthly summary documenting the significant and specific activities in which the client participated and progress toward treatment. If more frequent summaries documenting progress toward treatment goals are written, the monthly summary is not also required.

If Skills Development treatment goals were met during the month as result of participation in the skills development program, then new individualized goals must be developed and added to the treatment plan.

- C. Any other documentation required by the Division contract to assure compliance with Division policy and billing

**Tx/Serv Requirement****Supervision Requirements for Group Skills Development Services**

- A. One of the following practitioners must provide the skills development services directly, or be available to provide consultation and supervision:
1. licensed mental health therapist;
  2. individual not currently licensed but enrolled in a program leading to qualifying for licensure, or engaged in completion of approved clinical training after completion of the education, working under the supervision of a licensed mental health therapist;
  3. licensed registered nurse with experience in psychiatric nursing;
  4. licensed certified social worker; or
  5. individual certified or credentialed to provide rehabilitation services to children.
- B. At least quarterly, an individual identified above must conduct a review of the group-skills-development program. This review must consist of the following components:
1. a review of the sample of client treatment plans to evaluate appropriateness of goals;
  2. a comprehensive review of the daily activities scheduled for the next 90-day period to ensure activities correlate with individual treatment needs; and
  3. consultation with group skills development staff to:
    - a. identify and resolve clinical concerns regarding program participants;
    - b. develop or modify programs to ensure they meet the needs of participants; and
    - c. ensure continuous improvement in the quality of the skills development services provided.

4. A written summary of the review must be kept on file and made available for State or Federal review, upon request.

**Rate**

The Provider will be reimbursed on a fee for service basis.

## SNP

**Service Code: SNP**

**Service Special Needs Payment**

**Contract Type:** No contract allowed for this service

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

The SNP code is used for youth needs such as basic clothing, bus tickets, extra school fees, fishing licenses, etc., which are not included in the rate paid for current placement. Expenditures are negotiated with case managers beforehand and require

***USSDS Rates as of 7/15/2005***

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Personal Need	\$9,999.00
Session	\$0.00

***Service Eligibility***

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

## UCT

**Service Code:** UCT

**Service** Career Testing

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

**Description:**

Youth are tested and assessed for career interest and abilities. A report is produced with recommendations for youth.

**USSDS Rates as of 7/15/2005**

**Unit**

Session

**Rate**

\$90.00

**Service Eligibility**

**Eligibility**

UN

**Description**

UNIVERSAL

## UEC

**Service Code:** UEC

**Service** Educational Counseling

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

**Description:**

This service is to help youth plan and plot their educational and career goals, while in a Youth Corrections Program.

***USSDS Rates as of 7/15/2005***

**Unit**

Hourly

**Rate**

\$20.00

***Service Eligibility***

**Eligibility**

UN

**Description**

UNIVERSAL

# UET

**Service Code: UET**

**Service Educational Testing**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Testing youth to gain grade level and educational abilities for appropriate placement in the school system.

***USSDS Rates as of 7/15/2005***

**Unit**

Hourly

**Rate**

\$15.00

***Service Eligibility***

**Eligibility**

UN

**Description**

UNIVERSAL



**UT1**

**Service Code: UT1**

**Service Tutoring in Facility**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Tutoring youth with academic deficiencies, while in a Youth Corrections Program.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Hourly	\$8.00

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

## UT2

**Service Code: UT2**

**Service Tutoring Outside Facility**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/25/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Tutoring youth with academic deficiencies, while at home or community based placement.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Hourly	\$10.00

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

## YBS

**Service Code: YBS**

**Service Boarding Schools**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Unique Boarding Schools exist across the country which specialize in the treatment of highly delinquent adolescent offenders such as the Youth Correction population. They provide in-residence accredited educational and vocational programs which are designed to meet the needs of this high risk population. They also provide a strong positive culture or "family" which has been effective in diminishing and sometimes replacing gang affiliation and other negative influences the youth has in his/her life.

***USSDS Rates as of 7/15/2005***

**Unit**

Daily

**Rate**

\$114.33

***Service Eligibility***

**Eligibility**

FT

YC

**Description**

AFDC-FC

YOUTH CORRECTIONS

# YCT

**Service Code:** YCT

**Service** Court Ordered Residential Treatment

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

**Description:**

This is for short term residential care for court ordered youthful offenders followed with out patient services. This code is for youth ordered by the court into a specific program that does not meet the guidelines for other contracted services.

**USSDS Rates as of 7/15/2005**

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Daily	\$225.00

**Service Eligibility**

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

**YDT**

**Service Code: YDT**

**Service Youth Corrections/Adolescent Work  
Environment**

**Creation Date: 1/26/2001**

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DCFS

DJJS

***Description:***

A non residential adolescent work environment designed to offer a comprehensive goal directed process of technical skill development. Participants are trained and supervised by trained adults. Participants receive hands on training and a positive paid work experience. Ultimately participants develop life, social, and marketable employment skills.

***USSDS Rates as of 7/15/2005***

**Unit**

**Rate**

Daily

\$40.28

***Service Eligibility***

**Eligibility**

**Description**

FB

CHILD WELFARE NON IV-E

YC

YOUTH CORRECTIONS

## YEC

**Service Code: YEC**

**Service Equine Assisted Counseling Services**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Youth are given an opportunity within a controlled environment to interact with a horse under varying conditions. The program is structured. After each exercise, a group counseling session is conducted conjointly with DYC and program staffs. The youth has the opportunity to process his/her experience with the horse and develop insight into their own behavior and interpersonal

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Session	\$25.00

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS

**Service Code: YFB****Service Family Based Residential Care****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

24 hour family based care, supervision, and treatment services in a family home setting (hereafter referred to as treatment home) for up to three youth who have behavioral or adjustment problems. Under the supervision of a licensed mental health professional, trained staff will provide a therapeutic home environment, appropriate parenting, general guidance, skill development, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The treatment home will be staffed with an individual or couple, age 21 or older who have primary responsibility for providing for room, board, behavior management, general guidance, and supervision of each youth placed in the

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$58.74

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$78.32

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1999	\$68.08	07/01/2000
Daily	COLA	08/30/2001	\$70.62	07/01/2001
Daily	COLA	07/12/2002	\$73.74	07/01/2002
Daily	COLA	07/13/2005	\$78.32	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code*****Client Assessment/Tx Plan**

Provided within two weeks of a youth's admission to the program the following:

- A. Assessment
  - (a) a comprehensive mental health assessment on file
  - (b) an update or new assessment if over 30 days old or did not meet requirements
  - © an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
  - (d) a history and evaluation of the youth's emotional and mental adjustment
  - (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
  - (f) a history and evaluation of the youth's basic living skills
  - (g) a history and evaluation of the youth's academic, educational/vocational status
  - (h) a history and evaluation of the youth's mental and physical health status
  - (l) a summary, diagnostic results and if applicable, recommendations for treatment discharge
- B. Treatment Plan
  - (a) an individualized written plan developed by a licensed mental health therapist

- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal *Name:* guardians or others in whose care the youth will be released after discharge
- © a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health
- (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
- (e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's home. functioning
- (f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
- (g) a plan which included the credentials of the individuals who delivered the services (h) a plan which included reasonable measures to evaluate whether the objectives are met
- (l) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
- (j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
- (k) an approval from the Division case manager

#### C. Review of the Treatment Plan

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

#### **Contractor Qualifications**

- A. Provided services through a foster care program licensed by the Utah Department Human Services, Office of Licensing as a Child Placing Agency.
- B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

#### **Population Served**

- A. Served youth with mild emotional or behavioral problems and/or minimal delinquent record, who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions.

Served youth who engage in antisocial acts and show deficits in social skills, cognition and communication.

Met the needs of the youth in a family setting.

Served youth who generally require one to one supervision or intensive monitoring

- B. Complied with the following: (a) no more than six children under age 18 resided in the home including the children of the treatment parents (b) no more than one unrelated youth to the treatment parents including the youth in STATE custody and ©no more than two infants or non-ambulatory children in the home including infants/children of the treatment parents.

Placed youth in the custody of the Division of Youth Corrections in a different home than children/youth in the custody of the Division of Child and Family Services.

- C. Placed youth in the custody of the Division of Youth Corrections in a treatment home not belonging to the agency administrator, program director, or any clinical or treatment staff.

#### PROVIDER QUALIFICATIONS

##### CONTRACTOR:

- A. Provided services through a foster care program licensed by the Utah Department Human Services, Office of Licensing as a Child Placing Agency.
- B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

#### **Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records



- (a) current license
- (b) staff training and copies of applicable licensure

- © records indicating regular supervision of all direct care staff by clinical staff
- (d) weekly or daily program schedules indicating the routine and planned activities
- (e) staff attendance and time sheets
- (f) client daily attendance and absences including reason for absence
- (g) facility incident reports
- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

**B. Individual Client Records**

- (a) comprehensive mental health assessment and any updates
- (b) treatment plan developed by a licensed mental health therapist
- © documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
- (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
- (e) notes indicate the methodology and/or activity, frequency and duration of services provide
- (f) youth specific incident reports
- (g) any other documentation required by the contract to assure compliance with Division policy and billing.

**Staff to Client Ratios**

Provided in each home based on the youth's needs as determined by the licensed mental health therapist and the NYC case manager the appropriate staff to client ratio.

Provided at the minimum in each home the following: (a) a treatment parent who is available to provide daily supervision and monitoring of each youth placed in the home (b) a treatment parent or other direct care staff available immediately to respond to an emergency (c) a treatment parent - not necessarily awake - on-site during nighttime sleeping hours

**Staff Training**

Provided the following training during the first week of employment to:

**A. All Staff**

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

**B. Direct Care Staff (Non-Clinical Staff)**

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy Provided within the first 12 months of employment the following:

**C. an additional 25 hours of training in the subject areas listed below**

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

**D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs**

**ASSESSMENT AND TREATMENT PLANNING**

**CONTRACTOR:**

Provided within two weeks of a youth's admission to the program the following:

**A. Assessment**

- (a) a comprehensive mental health assessment on file
- (b) an update or new assessment if over 30 days old or did not meet requirements
- (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
- (d) a history and evaluation of the youth's emotional and mental adjustment
- (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
- (f) a history and evaluation of the youth's basic living skills
- (g) a history and evaluation of the youth's academic, educational/vocational status
- (h) a history and evaluation of the youth's mental and physical health status

**Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.

- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

### **Staff Requirements**

A. Clinical Oversight by one or more licensed mental health therapists who:

- (a) manage and oversee the treatment program
- (b) provide ongoing clinical services
- (c) consult with and train all direct care staff
- (d) provide on the average at least two hours of documented management, oversight, supervision, consultation and training per youth per month

B. Treatment Services by a sufficient number of mental health therapists who:

- (a) provide direct treatment services including comprehensive assessment and skills development services
- (b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Direct Care Services:

A. Treatment Home Program by treatment parents who:

- (a) are individuals or a couple over age 21
- (b) provide room, board, behavior management, general guidance and supervision for each youth placed in the home
- (c) implement educational/vocational plans, arrange for appropriate medical care, provide transportation - as needed for each youth placed in the home
- (d) provide other care and supervision ordinarily provided by a parent

B. Clinical Direct Care Staff who:

- (a) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours
- (b) directly supervise the youth in the community, at school and settings outside the home
- (c) provide behavior monitoring or crisis intervention
- (d) provide advocacy and linkages to other services

**Service Code: YFC****Service Individual Counseling****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

Individual mental health therapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$23.09

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$27.16

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	11/01/1993	\$23.61	07/01/2000
Quarter hour	COLA	08/09/2001	\$24.49	07/01/2001
Quarter hour	COLA	07/12/2002	\$25.57	07/01/2002
Quarter hour	COLA	07/13/2005	\$27.16	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

***Service Code*****Contractor Qualifications**

a. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended:

- (1) Licensed physician;
- (2) licensed psychologist;
- (3) licensed clinical social worker;
- (4) licensed advanced practice registered mental health nurse specialist;
- (5) licensed marriage and family therapist;
- (6) licensed professional counselor; or

b. An individual who is working within the scope of his or her certificate or license:

- (1) Certified psychology resident working under the supervision of a licensed psychologist;
- (2) Certified social worker working under the supervision of a licensed clinical social worker;
- (3) Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
- (4) Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
- (5) Certified professional counselor intern working under the supervision of a licensed mental health therapist.

c. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from  
***Name:*** licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses,  
internship or  
practicum, under the supervision of qualified faculty;

d. Additional Requirements: The individual(s) providing therapy services shall also meet the following requirements:  
(1) Knowledge of the requirements of the DHS/DCFS contract.  
(2) Review and sign off on the DHS Provider Code of Conduct.

**Other**

treatment plan. **Record Keeping**

Documentation: Documentation shall include for each session:

- a. Date and actual clock time of service.
- b. Duration of the service.
- c. Setting in which the service was rendered.
- d. Individuals present in the session.
- e. Specific service rendered.
- f. Treatment goal(s).
- g. Clinical note describing the client's progress toward treatment goal(s).
- h. Signature and title of individual who rendered the services.

**Rate**

The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the client. The treatment plan review may be billed as individual therapy only if it is conducted during a face-to-face interview with the client.

**Service Code: YFM****Creation Date: 1/26/2001****Service Family Based Residential Care, Mental Health****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DJJS

***Description:***

24 hour family-based care, supervision, and treatment services in a family home setting (hereafter referred to as treatment home) for up to three youth who have behavioral or adjustment problems. Under the supervision of a licensed mental health professional, clinical and trained staff will provide a therapeutic home environment, appropriate parenting, general guidance, supervision, behavioral management, skill development, individual therapy, group therapy, psychological and psychiatric evaluation, and medication management services designed to improve the child/youth's condition or prevent further regression so that services of this intensity will no longer be needed. The treatment home will be staffed with an individual or couple, age 21 or older (hereafter referred to as treatment parent/s) who have primary responsibility for providing for room, board, behavior management, general guidance, and supervision of each child/youth placed in the home. These services are provided under the auspices of a community

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$90.33

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

**Service Code:** YFT**Service** Family Therapy with the Client Present**Creation Date:** 6/12/2003**Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DCFS

DJJS

**Description:**

The service is reimbursable to DHS by Medicaid. Previously, the definition for Individual/Family Therapy included Family Therapy (with or without the client present). Medicaid, however, has asked DHS to differentiate these services into Individual Mental Health Therapy, Family Therapy with the Client Present and Family Therapy without the Client Present. By October 2003, Medicaid plans to eliminate the Medicaid "Y" procedure codes and begin required DHS to bill using CPT-4 or HCPCS codes and this new code is intended to help accommodate this change as Family Therapy with the Client Present and Family Therapy without the Client Present have unique CPT-4 codes. This new services will be effective July 1, 2003. Service Description: Family therapy with the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$23.09

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$23.25
Month	\$0.00

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	06/25/2003	\$22.62	07/01/2003
Quarter hour	COLA	07/13/2005	\$23.25	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code****Other**

Description: Family therapy with the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

**Contractor Qualifications**

Contractor Qualifications: The individual(s) providing mental health therapy shall be one of the following:

- a. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
- (1) Licensed physician;
  - (2) Licensed psychologist;
  - (3) Licensed clinical social worker;



(4) Licensed advanced practice registered nurse;

***Name:*** (5) Licensed marriage and family therapist;

(6) Licensed professional counselor;

b. An individual who is working within the scope of his or her certificate or license:

(1) Certified psychology resident working under the supervision of a licensed psychologist;

(2) Certified social worker working under the supervision of a licensed clinical social worker;

(3) Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;

(4) Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist;

or

(5) Certified professional counselor intern working under the supervision of a licensed mental health therapist;

client's individual treatment plan. Service c. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from

licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;

d. Additional Requirements: The individual(s) providing therapy services shall also meet the following requirements:

(1) Knowledge of the requirements of the DHS/DCFS contract.

(2) Review and sign off on the DHS Provider Code of Conduct.

### **Record Keeping**

Documentation: Documentation shall include for each session:

- a. Date and actual clock time of service.
- b. Duration of the service.
- c. Setting in which the service was rendered.
- d. Individuals present in the session.
- e. Specific service rendered.
- f. Treatment goal(s).
- g. Clinical note describing the client's progress toward treatment goal(s).
- h. Signature and title of individual who rendered the services.

### **Rate**

Rate: The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the family members and client. The rate is equivalent to the rate for Individual Mental Health Therapy (service code YFC effective July 1, 2003. Prior to July 1, this service was billable as Individual Mental Health Therapy and was included in the definition for Individual Mental Health Therapy. The rate was established in conjunction with Medicaid.

**Service Code: YFW****Service Family Therapy without the Client Present****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 6/26/2003**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

**Description:**

Family therapy without the client present means face-to-face interventions with family members (e.g. parent or foster parent) on behalf of an identified client where the client is not present during the therapy session, the identified client is the focus of the session, and the purpose of the session is to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$23.09

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$23.25

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	06/26/2003	\$22.62	07/01/2003
Quarter hour	COLA	07/13/2005	\$23.25	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code****Other**

The service is reimbursable to DHS by Medicaid. Previously, the definition for Individual/Family Therapy included Family Therapy (with or without the client present). Medicaid, however, has asked DHS to differentiate these services into Individual Mental Health Therapy, Family Therapy with the Client Present and Family Therapy without the Client Present. By October 2003, Medicaid plans to eliminate the Medicaid "Y" procedure codes and begin required DHS to bill using CPT-4 or HCPCS codes and this new code is intended to help accommodate this change as Family Therapy with the Client Present and Family Therapy without the Client Present have unique CPT-4 codes. This new services will be effective July 1, 2003.

**Contractor Qualifications**

Contractor Qualifications: The individual(s) providing mental health therapy shall be one of the following:

a. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:

- (1) Licensed physician;
- (2) Licensed psychologist;
- (3) Licensed clinical social worker;
- (4) Licensed advanced practice registered nurse;
- (5) Licensed marriage and family therapist;
- (6) Licensed professional counselor;

b. An individual who is working within the scope of his or her certificate or license:

(1) Certified psychology resident working under the supervision of a licensed psychologist;

***Name:*** (2) Certified social worker working under the supervision of a licensed clinical social worker;

(3) Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;

(4) Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or

(5) Certified professional counselor intern working under the supervision of a licensed mental health therapist;

c. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;

d. Additional Requirements: The individual(s) providing therapy services shall also meet the following requirements:

(1) Knowledge of the requirements of the DHS/DCFS contract.

(2) Review and sign off on the DHS Provider Code of Conduct.

### **Record Keeping**

Documentation: Documentation shall include for each session:

a. Date and actual clock time of service.

b. Duration of the service.

c. Setting in which the service was rendered.

d. Individuals present in the session.

e. Specific service rendered.

f. Treatment goal(s).

g. Clinical note describing the client's progress toward treatment goal(s).

h. Signature and title of individual who rendered the services.

### **Rate**

The Contractor will be reimbursed on a fee for service basis for face-to-face therapy services with the family members. The rate is equivalent to the rate for Individual Mental Health Therapy (service code YFC effective July 1, 2003. Prior to July 1, this service was billable as Individual Mental Health Therapy and was included in the definition for Individual Mental Health Therapy. The rate was established in conjunction with Medicaid.

**Service Code: YGT****Service Group Therapy****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

Group counseling to youth having emotional and/or behavioral disorders. Therapeutic needs may include, but are not limited to: sex abuse victim treatment, socialization, substance abuse treatment, sex offender treatment, violent and aggressive behavior treatment, victim support/awareness, independent life skills enhancement, parent education, peer support, and treatment to transition youth from protected/secure care to the community.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$5.38

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$6.32

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	11/01/1993	\$5.50	07/01/2000
Quarter hour	COLA	08/09/2001	\$5.70	07/01/2001
Quarter hour	COLA	07/12/2002	\$5.95	07/01/2002
Quarter hour	COLA	07/13/2005	\$6.32	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

***Service Code*****Contractor Qualifications**

A. Licensed mental health therapist practicing within the scope of their licensure in accordance with Title 58 of the Utah Code Annotated 1953, as amended:

1. licensed physician;
2. licensed psychologist;
3. licensed clinical social worker;
4. licensed advanced practice registered mental health nurse specialist;
5. licensed marriage and family therapist;
6. licensed professional counselor; or

B. An individual not currently licensed as one of the above but enrolled in a program leading to qualifying for licensure, or

engaged in completion of approved clinical training after completion of the education, working under the supervision of a  
***Name:*** licensed mental health therapist identified above.

**Other**

Additional Requirements

- A. Knowledge of the requirements of the Division contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**Record Keeping**

A. The individual client file will contain monthly clinical notes summarizing progress toward treatment goals. If the provider chooses to write progress notes summarizing progress toward treatment goals for each group session, an additional monthly progress note is not be required.

- B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

**Rate**

The Provider will be reimbursed on a fee for service basis.

**Service Code: YI2****Service Individual Residential Care-2nd Youth****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

To be used when a second Youth Correction's youth is placed in a proctor home. The service is limited to emergency situations or when the second client is a sibling to the first youth. This service must be authorized by the case manager supervisor.

Client Description: Frequent or repetitive problems in one or more areas; may engage in anti-social acts, but is capable of meaningful interpersonal relationships. Requires supervision in structured supportive setting with counseling available from professional and/or para- professional staff.

Facility: Individualized living arrangements provided by a licensed agency. Individual adult or couples will be trained and responsible for room, board, and general guidance and supervision of one youth per residence. In addition, the agency must provide clinical staff who will supervise this program.

***USSDS Rates as of 7/15/2005*****Unit****Rate**

Daily

\$41.00

***Service Eligibility*****Eligibility****Description**

YC

YOUTH CORRECTIONS

**Service Code: YIR****Service Individual Residential Care****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

Client Description: Frequent or repetitive problems in one or more areas; may engage in anti-social acts, but is capable of meaningful interpersonal relationships. Requires supervision in structured supportive setting with counseling available from professional and/or para- professional staff. Facility: Individualized living arrangements provided by a licensed agency. Individual adult or couples will be trained and responsible for room, board, and general guidance and supervision of one youth per residence. In addition, the agency must provide clinical staff who will supervise this program. Additional staff will directly supervise the youth in the community, providing monitoring of behavior, crisis intervention, counseling, advocacy, and linkages to other services.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Month	\$99,999.00
Daily	\$68.71

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$90.91

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	12/01/1991	\$79.03	07/01/2000
Daily	COLA	08/09/2001	\$81.97	07/01/2001
Daily	COLA	07/12/2002	\$85.60	07/01/2002
Daily	COLA	07/13/2005	\$90.91	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code******Client Assessment/Tx Plan***

Provided within two weeks of a youth's admission to the program the following:

## A. Assessment

- (a) a comprehensive mental health assessment on file
- (b) an update or new assessment if over 30 days old or did not meet requirements
- (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
- (d) a history and evaluation of the youth's emotional and mental adjustment
- (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
- (f) a history and evaluation of the youth's basic living skills
- (g) a history and evaluation of the youth's academic, educational/vocational status
- (h) a history and evaluation of the youth's mental and physical health status
- (i) a summary, diagnostic results and if applicable, recommendations for treatment

## B. Treatment Plan

- (a) an individualized written plan developed by a licensed mental health therapist

**Name:** (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal

guardians or others in whose care the youth will be released after discharge

(c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health

(d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives

(e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning

(f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter

(g) a plan which included the credentials of the individuals who delivered the services

(h) a plan which included reasonable measures to evaluate whether the objectives are met

(i) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community

(j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan

(k) an approval from the Division case manager

#### C. Review of the Treatment Plan

(a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program

(b) a review which included an update of progress toward established treatment goals, the appropriateness of the services

#### **Contractor Qualifications**

A. Provided services through a foster care program licensed by the Utah Department Human Services, Office of Licensing as a Child Placing Agency.

B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.

C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on

D. their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

#### **Population Served**

A. Served youth with mild emotional or behavioral problems and/or minimal delinquent record, who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions.

Served youth who engage in antisocial acts and show deficits in social skills, cognition and communication.

Met the needs of the youth in a family setting.

Served youth who generally require one to one supervision or intensive monitoring.

B. Complied with the following: (a) no more than six children under age 18 resided in the home including the children of the proctor parents (b) no more than one unrelated youth to the proctor parents including the youth in STATE custody and ©no more than two infants or non-ambulatory children in the home including infants/children of the proctor parents.

Placed youth in the custody of the Division of Youth Corrections in a different home than children/youth in the custody of the Division of Child and Family Services.

C. Placed youth in the custody of the Division of Youth Corrections in a proctor home not belonging to the agency administrator, program director, or any clinical or treatment staff.

#### **Record Keeping**

Maintained written documentation to support the following:

##### A. Facility Administrative Records

(a) current license

(b) staff training and copies of applicable licensure

(c) records indicating regular supervision of all direct care staff by clinical staff

(d) weekly or daily program schedules indicating the routine and planned activities

(e) staff attendance and time sheets

(f) client daily attendance and absences including reason for absence

(g) facility incident reports

(h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

##### B. Individual Client Records

(a) comprehensive mental health assessment and any updates

(b) treatment plan developed by a licensed mental health therapist

(c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly

(d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal

(e) notes indicate the methodology and/or activity, frequency and duration of services provided



- (f) youth specific incident reports
- (g) any other documentation required by the contract to assure compliance with Division policy and billing

**Staff to Client Ratios**

Provided in each home based on the youth's needs as determined by the licensed mental health therapist and the NYC case manager the appropriate staff to client ratio.

Provided at the minimum in each home the following: (a) a trained parent who is available to provide daily supervision and monitoring of each youth placed in the home (b) a trained parent or other direct care staff available immediately to respond to an emergency (c) a treatment parent - not necessarily awake - on-site during nighttime sleeping hours

**Staff Training**

Provided the following training during the first week of employment to:

## A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

## B. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

## C. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

## D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training

**Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

C. Arranged for each youth to attend an individualized accredited educational program.

**Staff Requirements**

Provided the following Clinical Services:

## A. Clinical Oversight by one or more licensed mental health therapists who:

- (a) manage and oversee the treatment program
- (b) provide ongoing clinical services
- (c) consult with and train all direct care staff
- (d) provide on the average at least two hours of documented management, oversight, supervision, consultation and training per youth per month

## B. Treatment Services by a sufficient number of mental health therapists who:

- (a) provide direct treatment services including comprehensive assessment and skills development services
- (b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Direct Care Services:

## A. Home Program by proctor parents who:

- (a) are individuals or a couple over age 21
- (b) provide room, board, behavior management, general guidance and supervision for each youth placed in the home

- (c) implement educational/ vocational plans, arrange for appropriate medical care, provide transportation - as needed for each

youth placed in the home

(d) provide other care and supervision ordinarily provided by a parent

B. Other Non-Clinical Direct Care Staff who:

(a) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

(b) directly supervise the youth in the community, at school and settings outside the home

(c) provide behavior monitoring or crisis intervention

(d) provide advocacy and linkages to other services for an average of 8 hours per week, or as indicated by the treatment

**Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

(a) only 8 absence days per month per youth

(b) planned family/home visit

(c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program

(d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)

(e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code: YIS****Service Intensive Supervision-Youth Corrections****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

***Description:***

A non-residential service of community supervision and advocacy for youth. Trackers provide intensive supervision to include monitoring of behavior, basic living skills counseling, crisis intervention, and linkage to educational, vocational, employment, therapeutic recreational services, and assistance in transitioning youth from protected/secure care to the community.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$3.23

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$4.45

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	03/01/1992	\$3.87	07/01/2000
Quarter hour	COLA	08/09/2001	\$4.01	07/01/2001
Quarter hour	COLA	07/12/2002	\$4.19	07/01/2002
Quarter hour	COLA	07/13/2005	\$4.45	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

***Service Code*****Contractor Qualifications**

A. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide child placing, residential or outpatient services in the form of intensive supervision/tracking.

B. All persons employed by the provider/licensee to provide intensive supervision services shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. Staff providing intensive supervision must meet the following requirements prior to employment:

1. Have a high school graduation diploma or Graduate Educational Diploma (GED) equivalent;
2. Have three written references from persons not related to the applicant;
3. Possess a valid drivers license which is reviewed annually by the agency;
4. Be twenty-one years of age or older.

**Record Keeping**

A. Daily log notes indicating date, duration of service and activities.

**Name:**

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

**Staff Training**

**Training Requirements**

A. The provider must ensure that all staff providing intensive supervision services are well trained and receive at least 25 hours of training prior to providing direct client services. Prior training may be substituted for the items listed below on a hour-for-hour basis if documented and received within two years of employment. Training subjects shall include:

1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;
  3. Emergency response and evacuation procedures;
  4. Basic first aid and CPR including certification;
  5. Emergency response and evacuation procedures;
  6. Basic child/adolescent behavior and development;
  7. If services are to be provided to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  8. Other training as needed based on the program model and an evaluation of individual staff training needs.
- B. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:
1. Behavior management and discipline methods including specialized skill training in aggression management;
  2. Parenting skills and skills development requirements;
  3. Other training as needed based on the program model and an evaluation of individual staff training needs.

**Rate**

A. Daily log notes indicating date, duration of service and activities.

B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

**Service Code: YLF****Service Residential Treatment Services, Cognitively Impaired****Creation Date: 1/26/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

***Description:***

24 hour intensive residential program for four or more youth with cognitive impairments that provides room & board, non-secure intensive supervision and therapy services in a residential treatment facility. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. Treatment services include a constellation of treatment modalities with a primary focus on psych-social education and training groups to include daily living and social skills.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$131.74

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$178.16

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1999	\$154.87	07/01/2000
Daily	COLA	08/09/2001	\$160.65	07/01/2001
Daily	COLA	07/12/2002	\$167.74	07/01/2002
Daily	COLA	07/13/2005	\$178.16	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code******Client Assessment/Tx Plan***

Provided within two weeks of a youth's admission to the program the following:

**A. Assessment**

- (a) a comprehensive mental health assessment on file
- (b) an update or new assessment if over 30 days old or did not meet requirements
- (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
- (d) a history and evaluation of the youth's emotional and mental adjustment
- (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
- (f) a history and evaluation of the youth's basic living skills
- (g) a history and evaluation of the youth's academic, educational/vocational status
- (h) a history and evaluation of the youth's mental and physical health status
- (i) a summary, diagnostic results and if applicable, recommendations for treatment

***Name:*****B. Treatment Plan**

- (a) an individualized written plan developed by a licensed mental health therapist
- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
- © a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health
- (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
- (e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning
- (f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
- (g) a plan which included the credentials of the individuals who delivered the services
- (h) a plan which included reasonable measures to evaluate whether the objectives are met
- (l) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community

(j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan

(k) an approval from the Division case manager

**C. Review of the Treatment Plan**

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

**Contractor Qualifications**

- A. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

**Population Served**

- A. Served youth who are mentally retarded or have borderline intellectual functioning.
- B. Served youth who may have severe emotional, behavioral, or similar disorders.
- C. Served youth who may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of harm to self or others or have impaired reality testing, communication or affect.
- D. Served youth who require continuous monitoring and supervision, including awake night supervision.

**Record Keeping**

Maintained written documentation to support the following:

**A. Facility Administrative Records**

- (a) current license
- (b) staff training and copies of applicable licensure
- (c) records indicating regular supervision of all direct care staff by clinical staff
- (d) weekly or daily program schedules indicating the routine and planned activities
- (e) staff attendance and time sheets
- (f) client daily attendance and absences including reason for absence
- (g) facility incident reports
- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

**B. Individual Client Records**

- (a) comprehensive mental health assessment and any updates
- (b) treatment plan developed by a licensed mental health therapist
- (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
- d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
- (e) notes indicate the methodology and/or activity, frequency and duration of services provided
- (f) youth specific incident reports
- (g) any other documentation required by the contract to assure compliance with Division policy and billing.



**Staff to Client Ratios**

Provided a 1staff to 3 youth ratio at all times except nighttime sleeping hours.

Provided at least two awake direct care staff on duty during nighttime sleeping hours. Provided one male and one female staff member for both male and female youths on duty at all times.

**Staff Training**

Provided the following training during the first week of employment to:

## A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- © medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

## B. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- © emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

## C. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- © specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

## D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training

**Tx/Serv Requirement**

## A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

## B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

## C. Arranged for each youth to attend an individualized accredited educational program.

**Staff Requirements**

Provide the following Clinical Services:

## A. Clinical Oversight by at least one licensed mental health therapist/s to provide:

- (a) provides management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.
- (b) provides on average at least 5 hours per month of documented management, oversight, supervision, consultation and training per youth per month

## B. Treatment Services by a sufficient number of mental health therapists who:

- (a) provide direct treatment services including comprehensive assessment and skills development services
- (b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

## A. Program with a Facility Manager who:

- (a) is responsible for the day-to-day supervision of the youth
- (b) is responsible for the operation of the facility
- (c) has a Bachelor's degree or equivalent combination of education and related experience

## B. Other Non-Clinical Direct Care Staff who:

(a) are well-trained direct care staff

- (b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

**Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- (c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code:** YLR**Service** Independent Living Residential Care**Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

**Description:**

This program would develop residential independent living programs with 24 hour supervision to prepare youth to transfer to actual independent living on their own. The goal would be to prepare youth to move into their own apartment or other arrangements, with appropriate life skills to manage on their own.

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Daily	\$70.24

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$90.91

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1999	\$79.03	07/01/2000
Daily	COLA	08/09/2001	\$81.97	07/01/2001
Daily	COLA	07/12/2002	\$85.60	07/01/2002
Daily	COLA	07/13/2005	\$90.91	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

**Service Code****Client Assessment/Tx Plan**

Provided within two weeks of a youth's admission to the program the following:

**A. Assessment**

- (a) a comprehensive mental health assessment on file
- (b) an update or new assessment if over 30 days old or did not meet requirements
- (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth

- (d) a history and evaluation of the youth's emotional and mental adjustment
- (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
- (f) a history and evaluation of the youth's basic living skills
- (g) a history and evaluation of the youth's academic, educational/vocational status
- (h) a history and evaluation of the youth's mental and physical health status
- (i) a summary, diagnostic results and if applicable, recommendations for treatment

**B. Treatment Plan**

- (a) an individualized written plan developed by a licensed mental health therapist
- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
- (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental

and physical health

**Name:** (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives

(e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning

(f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter

(g) a plan which included the credentials of the individuals who delivered the services

(h) a plan which included reasonable measures to evaluate whether the objectives are met

(i) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community

(j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan

(k) an approval from the Division case manager

C. Review of the Treatment Plan

(a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program

(b) a review which included an update of progress toward established treatment goals, the appropriateness of the services

### **Contractor Qualifications**

A. Provided services through a foster care program licensed by the Utah Department Human Services, Office of Licensing to provide Residential Treatment Services, Residential Support Services or as a Child Placing Agency.

B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.

C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

### **Population Served**

A. Served youth with moderate emotional or behavioral problems and/or minimal delinquent records, who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions designed to prepare youth for independent living.

Served youth who may be occasionally aggressive and withdrawn.

Served youth who engage in antisocial acts, present a low risk of harm to self and others and show deficits in social skills, cognition and communication.

Provided services in a family based setting.

B. Complied with the following: (a) no more than six children under age 18 resided in the home including the children of the treatment parents (b) no more than four unrelated youth in the home to the parents including the youth in STATE custody and no more than two infants or non-ambulatory children in the home including infants/children of the treatment parents.

Placed youth in the custody of the Division of Youth Corrections in a different home than children/youth in the custody of the Division of Child and Family Services.

C. Placed youth in the custody of the Division of Youth Corrections in a treatment home not belonging to the agency administrator, program director, or any clinical or treatment staff.

### **Record Keeping**

Maintained written documentation to support the following:

A. Facility Administrative Records

(a) current license

(b) staff training and copies of applicable licensure

(c) records indicating regular supervision of all direct care staff by clinical staff

(d) weekly or daily program schedules indicating the routine and planned activities

(e) staff attendance and time sheets

(f) client daily attendance and absences including reason for absence

(g) facility incident reports

(h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

B. Individual Client Records

(a) comprehensive mental health assessment and any updates

(b) treatment plan developed by a licensed mental health therapist

(c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly

(d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal

(e) notes indicate the methodology and/or activity, frequency and duration of services provided

(f) youth specific incident reports

(g) any other documentation required by the contract to assure compliance with Division policy and billing

**Staff to Client Ratios**

Provided in each treatment home based on the youth's needs as determined by the licensed mental health therapist and the NYC case manager the appropriate staff to client ratio.

Provided at the minimum in each treatment home the following: (a) a treatment parent who is available to provide daily supervision and monitoring of each youth placed in the home (b) a treatment parent or other direct care staff available immediately to respond to an emergency (c) a treatment parent - not necessarily awake - on-site during nighttime sleeping hours.

Provided in a residential support or residential treatment facility the minimum of a 1 to 4 staff to youth ratio at all times except nighttime sleeping hours.

Provided staff on site at all times youth are present and immediately available in emergency situations.

**Staff Training**

Provided the following training during the first week of employment to:

## A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

## B. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

## C. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

## D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training

**Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

C. Arranged for each youth to attend an individualized accredited educational program.

**Staff Requirements**

Provided the following Clinical Services:

## A. Clinical Oversight by one or more licensed mental health therapists who:

- (a) manage and oversee the treatment program
- (b) provide ongoing clinical services
- (c) consult with and train all direct care staff
- (d) provide on the average at least two hours of documented management, oversight, supervision, consultation and training per youth per month

## B. Treatment Services by a sufficient number of mental health therapists who:

- (a) provide direct treatment services including comprehensive assessment and skills development services
- (b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

- A. Home Program by Treatment Parents who:
  - (a) are individuals or a couple over age 21
  - (b) provide room, board, behavior management, general guidance and supervision for each youth placed in the home
  - (c) implement educational/vocational plans, arrange for appropriate medical care, provide transportation - as needed for each youth placed in the home
  - (d) provide other care and supervision ordinarily provided by a parent
- B. Residential Support or Residential Treatment Facility with a Facility Manager who:
  - (a) is responsible for the day-to-day supervision of the youth
  - (b) is responsible for the operation of the facility
- C. Other Non-Clinical Direct Care Staff who:
  - (a) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours
  - (b) directly supervise the youth in the community, at school and settings outside the home
  - (c) provide behavior monitoring or crisis intervention
  - (d) provide advocacy and linkages to other services

**Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- (c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)



**Service Code: YLS****Service Intensive Residential Treatment Services,  
Cognitively Impaired****Creation Date: 1/26/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

***Description:***

24 hour intensive residential program for four or more youth with cognitive impairments that provides room & board, non-secure intensive supervision and therapy services in a residential treatment facility. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. Treatment services include a constellation of treatment modalities with a primary focus on psycho-social education and training groups to include but not limited to daily living and social skills, family, individual and group therapy. If the program services adolescent sexual offenders, it addresses treatment needs related to sexual offending behavior and/or sexually reactive behavior, provides an offense specific risk and clinical assessment and behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$141.93
Daily	\$146.16
Month	\$30,000.00

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$191.86

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1999	\$166.78	07/01/2000
Daily	COLA	08/09/2001	\$173.00	07/01/2001
Daily	COLA	07/12/2002	\$180.65	07/01/2002
Daily	COLA	07/13/2005	\$191.86	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code******Client Assessment/Tx Plan***

Provided within two weeks of a youth's admission to the program the following:

- A. Assessment
  - (a) a comprehensive mental health assessment on file
  - (b) an update or new assessment if over 30 days old or did not meet requirements
  - (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth

- (d) a history and evaluation of the youth's emotional and mental adjustment
- Name:** (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
- (f) a history and evaluation of the youth's basic living skills
- (g) a history and evaluation of the youth's academic, educational/vocational status
- (h) a history and evaluation of the youth's mental and physical health status
- (i) a summary, diagnostic results and if applicable, recommendations for treatment
- (j) the use of sexual arousal materials and plethysmography for youth less than eighteen (18) years of age were not included as methods for assessment or treatment progress monitoring.

**B. Treatment Plan**

- (a) an individualized written plan developed by a licensed mental health therapist.
- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
- (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health
- (d) a plan for Sexual Offender programs which addressed strategies for work on the youth's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.
- (e) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
- (f) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning
- (g) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
- (h) a plan which included the credentials of the individuals who delivered the services
- (i) a plan which included reasonable measures to evaluate whether the objectives are met
- (j) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
- (k) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
- (l) an approval from the Division case manager

**C. Review of the Treatment Plan**

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

**Contractor Qualifications**

- A. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.
- B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

**Population Served**

- A. Served youth who are mentally retarded or have borderline intellectual functioning who can benefit from clinical therapy.
- B. Served youth who are cognitively impaired adolescent juvenile sex offenders with a broad range of sexual offenses or sexually reactive behavior.

C. Served adolescents with patterned, repetitious sexual offenses and acting out behavior. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community.

D. Served youth who are cognitively impaired children/youth with severe emotional, behavioral, or similar disorders. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self/others or have impaired reality testing, communication, cognition, or affect.

E. Served youth who require continuous monitoring and supervision, including intensive awake night supervision.

**Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records
  - (a) current license
  - (b) staff training and copies of applicable licensure
  - (c) records indicating regular supervision of all direct care staff by clinical staff
  - (d) weekly or daily program schedules indicating the routine and planned activities
  - (e) staff attendance and time sheets

- (f) client daily attendance and absences including reason for absence
- (g) facility incident reports

- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

**B. Individual Client Records**

- (a) comprehensive mental health assessment and any updates
- (b) treatment plan developed by a licensed mental health therapist
- (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
- (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
- (e) notes indicate the methodology and/or activity, frequency and duration of services provided
- (f) youth specific incident reports
- (g) any other documentation required by the contract to assure compliance with Division policy and billing

**Staff to Client Ratios**

Provided a 1staff to 3 youth ratio at all times except nighttime sleeping hours.

Provided at least two awake direct care staff on duty during nighttime sleeping hours. Provided one male and one female staff member for both male and female youths on duty at all times.

**Staff Training**

Provided the following training during the first week of employment to:

**A. All Staff**

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

**B. Direct Care Staff (Non-Clinical Staff)**

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators including behavioral characteristics, family dynamics, assessment and treatment issues
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

**C. an additional 25 hours of training in the subject areas listed below**

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs.

**Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) a program for Sexual Offenders that included a sexual offense specific risk assessment.
- (e) individual therapy by a licensed mental health therapist of an average of one session per week per youth, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (f) group therapy by a licensed mental health therapist of an average of one session per week per youth, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (g) family sessions (individual/group) and/or training for the parents in behavioral management strategies as indicated by the assessment and directed by the licensed mental health professional responsible for overseeing the youth's plan of care.
- (h) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Services provided by licensed or trained staff as indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (i) psychological testing and evaluation by a licensed Ph.D. Psychologist.
- (j) psychiatric testing and evaluation by a board certified/board eligible child psychiatrist.

(k) medication management services by a M.D. or R.N. as indicated by the psychiatric evaluation and directed by the

psychiatrist responsible for overseeing the youth's treatment plan.

### **Staff Requirements**

Provided the following Clinical Services:

A. Clinical Oversight by:

- (a) at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.
- (b) licensed mental health therapist/s that provide on average at least 5 hours per month of documented management, oversight, supervision, consultation and training per youth per month

B. Clinical and Treatment Services by:

- (a) a sufficient number of licensed mental health therapists to provide direct treatment services to youths including comprehensive assessment, individual therapy, group therapy and skills development services to implement treatment plans.
- (b) a treatment plan that improves the youth's functioning and prevent regression.

Provided the following Non-Clinical Services:

A. Program with a Facility Manager who:

- (a) is responsible for the day-to-day supervision of the youth
- (b) is responsible for the operation of the facility
- (c) has a Bachelor's degree or equivalent combination of education and related experience

B. Other Non-Clinical Direct Care Staff who:

- (a) are well-trained direct care staff
- (b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

### **Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- (c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code: YMM****Service Medication Management-Psychiatrist****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

**Description:**

Services are provided by a licensed Psychiatrist for purposes of prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Session	\$79.08

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Session	\$93.03

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Session	Initial Review	07/01/1999	\$80.87	07/01/2000
Session	COLA	08/09/2001	\$83.89	07/01/2001
Session	COLA	07/12/2002	\$87.59	07/01/2002
Session	COLA	07/13/2005	\$93.03	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code****Contractor Qualifications**

Licensed physician or licensed advance practice registered nurse with prescriptive practice.

**Other**

Additional Requirements

- A. Knowledge of the requirements of the Division contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**Rate**

The Provider will be reimbursed on a fee for service basis.

**Service Code: YMR****Service Medication Management by a registered Nurse****Creation Date:** 1/26/2001**Obsolete Date:****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Agencies Using Code**

DCFS

DJJS

***Description:***

Services are provided by a Registered Nurse for purposes of prescribing, administering, monitoring and reviewing the client's medication and medication regime and providing the appropriate information to the client regarding the medication regime. Staff consultation will be provided upon request.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Session	\$34.58

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Session	\$40.67

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Session	Initial Review	07/01/1999	\$35.36	07/01/2000
Session	COLA	08/09/2001	\$36.67	07/01/2001
Session	COLA	07/12/2002	\$38.29	07/01/2002
Session	COLA	07/13/2005	\$40.67	07/01/2005

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

***Service Code*****Contractor Qualifications**

A. Licensed advance practice registered nurse;

B. licensed registered nurse;

C. licensed practical nurse working under the direct supervision of a licensed physician, licensed advance practice registered nurse or licensed registered nurse.

**Other**

Additional Requirements

A. Knowledge of the requirements of the Division contract;

B. Review and sign off on the Department of Human Services Code of Conduct;

C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per



R501-18).

***Name: Record Keeping***

- A. Clinical notes per session in the individual client file.
- B. Any other documentation required by the Division contract to assure compliance with Division policy and billing

***Rate***

The Provider will be reimbursed on a fee for service basis.

**Service Code: YOA**

**Creation Date: 6/24/2003**

**Service RESIDENTIAL TREATMENT SERVICES,  
OBSERVATION & ASSESSMENT**

**Obsolete Date:**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Agencies Using Code**

**Residential:** Yes

DJJS

**Description:**

General Definition: A 24 hour short term intensive observation and assessment residential program for delinquent youth that provides room & board, comprehensive evaluation and treatment planning, intensive supervision and therapy services in a residential treatment facility. Services are provided under the direction of a licensed mental health therapist. Services include psychological, behavioral, social, educational, medical, and developmental assessments of the youth with the expectation that the services offered shall be reasonably expected to improve the youth's condition and identify further treatment needs and appropriate community placement. Treatment services include a constellation of treatment modalities with a primary focus on psychosocial education and training groups to include daily living and social skills. A complete written evaluation will be provided to the Division at

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Daily	\$104.11

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$169.56

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	06/24/2003	\$165.00	01/01/2003
Daily	COLA	07/13/2005	\$169.56	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
YC	YOUTH CORRECTIONS

**Service Code**

**Population Served**

The program shall have the capacity to serve youth who have a wide variety of psychological and cognitive impairments. They may have severe emotional, behavioral, or similar disorders. They may be aggressive or markedly withdrawn, socially isolated, present a moderate to severe risk of causing harm to self/others or have impaired reality testing, communication or affect. They will have a court order for Observation and Evaluation to include a written evaluation.

**Contractor Qualifications**

A. The contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services, Residential Support Services or licensed by the Utah Department of Health to provide Residential Treatment Services.

B. All persons employed or associated with the contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

C. The contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DYC to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DYC to the contractor.

D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.

E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health

**Name:** evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as

licensed mental health therapists as defined below:

1. A licensed mental health therapist as identified in Section III-D; or
2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as one of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
3. For Mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.

the end of the evaluation period Individuals who provide Skills Development Services shall meet the qualifications as follows:

licensed certified social worker;

licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### IV. Contractor Capacity

A. The contractor shall have the capacity to provide the following services directly to each youth in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
3. Individual/family mental health therapy by a licensed mental health therapist if indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
4. Group mental health therapy by a licensed mental health therapist if indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.

Daily skill development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.

Psychological testing and evaluation by a licensed Ph.D. Psychologist;

Psychiatric testing and evaluation by a licensed physician with experience in child psychiatry, or an Advanced Practice Nurse in Psychiatric-Mental Health;

Medication management services by a M.D, APRN or R.N as indicated by the psychiatric evaluation and directed by the physician or APRN responsible for overseeing the youth's treatment plan;

The contractor shall arrange for each youth to attend an individualized accredited educational program provided onsite, if necessary, that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

### **Staff Requirements**

#### A. Clinical / Clinical Oversight

The program shall employ at least one licensed mental health therapist to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals shall provide at least five hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is three, there shall be at least 15 hours of documented service by one or more licensed mental health therapists for that month.);

#### Clinical and Treatment Services

The program shall employ or contract with at least one licensed psychologist to provide testing and evaluation services and other clinical services as necessary; and

The program shall employ or contract with at least one licensed physician with experience in child psychiatry or an Advanced Practice Nurse in Psychiatric-Mental Health to provide medical direction and provide consultation to staff or direct services to the youth.

The program shall employ or contract with a number of other clinical staff including licensed mental health therapists, and R.N nursing staff to provide direct treatment services to youth including a comprehensive evaluation of the youth's needs and to implement treatment planning to improve youth functioning and to determine further placement needs. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

#### B. Non-Clinical Staff

1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate 24-hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours.

### **Staff Training**

#### **Staff Training Requirements**

A. All Staff: The contractor shall ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;
2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;

Emergency response and evacuation procedures.

B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff will receive a minimum of 25 hours of training in the following subjects in addition to topics listed in paragraph A above.

1. Basic First Aid and CPR including certification;
2. Basic child/adolescent behavior and development;
3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
4. Other training as needed based on the program model and an evaluation of individual staff training needs.
5. DHS/DYC Community Residential Care Standards and Policy.

C. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
2. Skills development services and documentation;
3. Appropriate court and parole procedures;
4. Other training as needed based on the program model and an evaluation of individual staff training needs.
5. DHS/DYC incident-report policy and documentation.

D. Annually thereafter, an additional 30 hours of training based on an evaluation of individual staff training needs.

E. All training will be recorded as follows:

1. Title of Training
2. Name of the instructor
3. Date and time
4. Employee signature

F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who

### **Staff to Client Ratios**

At a minimum, the program shall be staffed at a ratio of one staff to eight youth at all times except nighttime sleeping hours when staff may be reduced. However, at least two awake direct-care staff shall be on duty during nighttime sleeping hours. If there are both male and female youth, then one male and one female staff member shall also be on duty at all times. For gender specific populations, there shall be at least one staff member of that same gender working at all times.

### **Treatment Plans**

#### **Evaluation and Treatment Planning**

A. Evaluation: Within two weeks of admission to the program, each youth shall have a current comprehensive evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the contractor shall conduct or arrange for a review and, when needed, update or conduct a new evaluation. The evaluation shall contain the following:

1. Developed and signed by a licensed mental health therapist after face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
2. A history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
3. A summary, diagnostic results, if applicable, and recommendations for treatment.

#### **B. Treatment Plan**

1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.

2. The plan shall be developed within one month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.

3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.

4. The plan shall include:

- a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
- b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
- c. The credentials of the individuals who will deliver the services;
- d. Reasonable measures to evaluate whether the objectives are met;
- e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
- f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DYC case manager.

#### **C. Review of the Treatment Plan**

1. The plan shall be reviewed and updated at least quarterly or more often as needed if there is a change in the youth's

condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding 90 days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

### **Record Keeping**

#### **Documentation**

A. Facility Administrative Records: The contractor shall develop/ maintain written documentation to support the following:

1. Current License.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Facility incident reports.
  8. Any other documentation required in the contract to assure compliance with DHS/DYC policy and billing requirements.
- B. Individual Youth Records: The contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).

Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).

Psychological testing. Documentation shall include: dates of testing; specific services rendered; duration of the services; signature and title of the individual who rendered the services; and written test reports which include a brief history; tests administered; evaluation of test results; current functioning of the examinee; diagnoses; prognosis; and specific treatment recommendations for health, mental health, educational, and social services.

Medication Management by a M.D. or APRN. Documentation shall include for each session: Medication order or copy of the prescription signed by the prescribing practitioner; date of service; duration of service; specific service rendered; treatment goal(s); written note summarizing the youth's progress toward treatment goal(s); signature and title of individual who rendered the services;

For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.

7. Youth specific incident reports.

8. Any other documentation required by the contract to assure compliance with DHS/DYC, Medicaid, policy and billing

### **Rate**

#### **Rate**

A. The contractor shall be reimbursed on a fee for service at the current set rate.

B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, Individual/family mental health therapy, group mental health therapy, skills development services, psychological testing and evaluation services, psychiatric evaluation services, medication management services and any other treatment services that are required in Section IV - Contractor Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.

C. Although DHS/DYC may reimburse the contractor at the daily rate for up to eight days per episode to hold a bed when the youth is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only eight absence days per month as indicated below:

1. Planned family/home visit;
2. Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.
3. Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if youth is in a detention facility);
4. Short-term hospital or nursing facility stay (no Medicaid reimbursement)

# YOB

**Service Code: YOB**

**Service Youth Corrections Observation and  
Assessment**

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DJJS

***Description:***

Observation and Assessment is a short term residential program for committed juvenile offenders. Each youth is given a comprehensive evaluation during his/her stay. The evaluation includes, psychological testing, academic testing, behavioral observations, social history, group processes and individual and family therapy. Psychiatric evaluations may also be part of the overall process. All information is presented to the juvenile court in a final assessment and treatment plan in order for the court to make a more informed decision about future placements, needs, and treatment.

***USSDS Rates as of 7/15/2005***

**Unit**

Daily

**Rate**

\$147.91

***Service Eligibility***

**Eligibility**

FT

YC

**Description**

AFDC-FC

YOUTH CORRECTIONS



**Service Code: YOI****Service Outdoor Impact Program****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

This is a unique, one of a kind, program operated by a private corporation since 1973. They offer alternative placement to transitional youth service facilities. They provide high impact outdoor programs which include: an impact camp, wagon train, bike quest, and hiking quest. Education is provided in each stage. Please refer to sole source statement.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$131.83

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$158.51

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Initial Review	08/30/2001	\$133.14	12/11/2001
Daily	Review	07/12/2002	\$142.93	12/12/2001
Daily	COLA	07/12/2002	\$149.24	07/01/2002
Daily	COLA	07/13/2005	\$158.51	07/01/2005

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

# YOP

**Service Code: YOP**

**Service Outdoor Therapy Program**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

This is a 28 day high impact Outdoor therapy Program for youth committed to Youth Correction State Supervision.

***USSDS Rates as of 7/15/2005***

**Unit**

Daily

**Rate**

\$115.00

***Service Eligibility***

**Eligibility**

YC

**Description**

YOUTH CORRECTIONS

## YPC

**Service Code:** YPC

**Service** Clinical Conditioning

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

**Description:**

This is for clinical interventions with an individual client with a focus on decreasing sexual arousal and increasing appropriate sexual arousal. This clinical work is performed in conjunction with testing for sexual arousal patterns.

***USSDS Rates as of 7/15/2005***

<u><b>Unit</b></u>	<u><b>Rate</b></u>
Session	\$75.00

***Service Eligibility***

<u><b>Eligibility</b></u>	<u><b>Description</b></u>
YC	YOUTH CORRECTIONS

**Service Code: YPE****Service Psychiatric Evaluation****Contract Type:** Either a non-fixed or fixed amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DCFS

DJJS

**Description:**

A face-to-face Individual clinical evaluation to determine the existence, nature and extent of a mental illness or disorder for the purpose of identifying the client's need for mental health services. Services may include assessing the need for and prescribing psychotropic medications. May be called on to do emergency evaluations in secure facilities or detention and to facilitate

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$30.42

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$35.78

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	07/01/1999	\$31.10	07/01/2000
Quarter hour	COLA	08/09/2001	\$32.26	07/01/2001
Quarter hour	COLA	07/12/2002	\$33.69	07/01/2002
Quarter hour	COLA	07/13/2005	\$35.78	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code****Contractor Qualifications**

The individual(s) providing psychiatric evaluation services shall be one of the following:

- Licensed physician.
- Licensed advanced practice registered nurse.

The individual(s) providing psychiatric evaluations shall also meet the following requirements:

- Knowledge of the requirements of the DCFS or DJJS contract.
- Review and sign off on the DHS Provider Code of Conduct.
- If working for an agency licensed by the DHS, Office of Licensing (DHS/OL), meet the DHS/OL Rules (R501-14 & 18) for criminal background and abuse background screening (DHS/OL Rule R501-18).

**Record Keeping**

Documentation: At a minimum, the evaluation shall include:

- Date and actual clock time of the service.
- Duration of the service.
- Setting in which the service was rendered.
- Specific service rendered (e.g., psychiatric evaluation).

e. Summary of psychiatric evaluation findings that includes:

***Name:*** (1) diagnoses; and

***Rate***

The Provider will be reimbursed on a fee for service basis for face to face services.

hospitalization.

**Service Code: YPG**

**Service Residential Treatment Services,  
Pregnant/Parenting Teen**

**Creation Date: 1/26/2001**

**Obsolete Date:**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Agencies Using Code**

DJJS

**Description:**

24 hour group living services, supervision, and treatment services in a residential program for four or more youth who are pregnant or teen parents and when needed, their child. Under the supervision of a licensed mental health professional, trained staff will provide a therapeutic group home environment which includes training and support related to the client's pregnancy and parenting, general guidance, skill development, individual therapy, group therapy, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The program will be staffed with full time trained house parents or staff to provide daily guidance and supervision to the youth and monitoring of the youth's care and management of their child.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$75.09

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$98.47

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	07/01/1999	\$85.60	07/01/2000
Daily	COLA	08/09/2001	\$88.79	07/01/2001
Daily	COLA	07/12/2002	\$92.71	07/01/2002
Daily	COLA	07/13/2005	\$98.47	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code***

**Client Assessment/Tx Plan**

Provided within two weeks of a youth's admission to the program the following:

- A. Assessment
  - (a) a comprehensive mental health assessment on file
  - (b) an update or new assessment if over 30 days old or did not meet requirements
  - (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
  - (d) a history and evaluation of the youth's emotional and mental adjustment
  - (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
  - (f) a history and evaluation of the youth's basic living skills
  - (g) a history and evaluation of the youth's academic, educational/ vocational status
  - (h) a history and evaluation of the youth's mental and physical health status
  - (i) a summary, diagnostic results and if applicable, recommendations for treatment

**Name:** B. Treatment Plan

- (a) an individualized written plan developed by a licensed mental health therapist
- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
- (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health
- (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
- (e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning
- (f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
- (g) a plan which included the credentials of the individuals who delivered the services
- (h) a plan which included reasonable measures to evaluate whether the objectives are met
- (i) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
- (j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
- (k) an approval from the Division case manager

C. Review of the Treatment Plan

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

C. Review of the Treatment Plan

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

**Contractor Qualifications**

- A. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services or Residential Support Services.
- B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

**Population Served**

- A. Served youth who are pregnant teens and teen parents (and their child) with moderate emotional or behavioral problems and/or delinquent records who have difficulty with interpersonal relationships in a home environment, who require a structured living environment, daily supervision and monitoring.
- B. Served youth who require behavioral treatment and other rehabilitative interventions.
- C. Served youth who may be occasionally aggressive, withdrawn or engage in anti-social acts but present a low risk of harm to self or others.
- D. Served youth who may show deficits in social skills, cognition and communication.

**Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records
  - (a) current license
  - (b) staff training and copies of applicable licensure
  - (c) records indicating regular supervision of all direct care staff by clinical staff
  - (d) weekly or daily program schedules indicating the routine and planned activities
  - (e) staff attendance and time sheets
  - (f) client daily attendance and absences including reason for absence
  - (g) facility incident reports

- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements
- B. Individual Client Records



- (a) comprehensive mental health assessment and any updates
- (b) treatment plan developed by a licensed mental health therapist
- (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
- (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
- (e) notes indicate the methodology and/or activity, frequency and duration of services provided
- (f) youth specific incident reports
- (g) any other documentation required by the contract to assure compliance with Division policy and billing

### **Staff to Client Ratios**

Provided a 1 to 4 staff to youth ratio at all times except nighttime sleeping hours.

Provided staff on site at all times the youth are present in the facility and immediately available in emergency situations.

### **Staff Training**

Provided the following training during the first week of employment to:

#### **A. All Staff**

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

#### **B. Direct Care Staff (Non-Clinical Staff)**

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

#### **C. an additional 25 hours of training in the subject areas listed below**

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

#### **D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training**

### **Tx/Serv Requirement**

#### **A. Provided the following services directly to each youth in the program:**

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

#### **B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:**

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

#### **C. Arranged for each youth to attend an individualized accredited educational program.**

### **Staff Requirements**

Provided the following Clinical Services:

#### **A. Clinical Oversight by at least one licensed mental health therapist/s to provide:**

- (a) provides management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.
- (b) provides on average at least 3 hours per month of documented management, oversight, supervision, consultation and training per youth per month

#### **B. Treatment Services by a sufficient number of mental health therapists who:**

- (a) provide direct treatment services including comprehensive assessment and skills development services

(b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

A. Program with a Facility Manager who:

- (a) is responsible for the day-to-day supervision of the youth
- (b) is responsible for the operation of the facility
- (c) has a Bachelor's degree or equivalent combination of education and related experience

B. Other Non-Clinical Direct Care Staff who:

- (a) are well-trained direct care staff
- (b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

**Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- (c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay).

**Service Code: YPM****Service Psychiatric Residential Treatment Services,  
Mental Health****Creation Date:** 1/26/2001**Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

***Description:***

24 hour psychiatric residential treatment program for four or more youth that provides room & board and treatment services in a psychiatric residential treatment program. Services are provided under the direction of a licensed psychiatrist and include clinical oversight, diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation and medication management. Services are based upon a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the youth conducted by an interdisciplinary team with the expectation that the services offered must be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$232.95

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

# YPP

**Service Code: YPP**

**Service Positive Peer Program**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 8/ 7/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

A group living program providing supervision, care and treatment for emotionally and/or behaviorally disordered youth in a residential setting. This program utilizes a positive peer culture.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$120.18

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$124.74

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Review	08/07/2001	\$121.38	07/01/2001
Daily	COLA	07/13/2005	\$124.74	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

**Service Code: YPR****Service Psychiatric Residential Treatment****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

Client Description: Very severe impairment(s), disability(s), or need(s), consistently unable or unwilling to cooperate in own care. May be severely aggressive or exhibit self-destructive behavior or grossly impaired in reality testing, communication, cognition affect, or personal hygiene. May present severe to critical risk or causing serious harm to self or others. Children and adolescents in this level of care have acute or chronic emotional or behavioral disorders or conditions such that a highly structured program with 24-hour supervision and nursing care is essential to improved functioning or maintenance.

Facility: A psychiatric residential treatment facility accredited by JCAHO. These facilities provide intensive medical/therapeutic interventions for children with psychiatric disorders who require intensive behavioral, educational and programmatic intervention due to their mental disabilities. Staff-to-child ratio is determined by licensing, certification, or monitoring standards governed through the Division of Licensing. See policy manual for further detail.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$235.56

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$304.59

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	05/01/1993	\$264.77	07/01/2000
Daily	COLA	08/09/2001	\$274.65	07/01/2001
Daily	COLA	07/12/2002	\$286.78	07/01/2002
Daily	COLA	07/13/2005	\$304.59	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code******Client Assessment/Tx Plan***

Provided within two weeks of a youth's admission to the program the following:

- A. Assessment
  - (a) a comprehensive mental health assessment on file
  - (b) an update or new assessment if over 30 days old or did not meet requirements
  - (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
  - (d) a history and evaluation of the youth's emotional and mental adjustment
  - (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
  - (f) a history and evaluation of the youth's basic living skills
  - (g) a history and evaluation of the youth's academic, educational/vocational status
  - (h) a history and evaluation of the youth's mental and physical health status

(l) a summary, diagnostic results and if applicable, recommendations for treatment

***Name:*** B. Treatment Plan

- (a) an individualized written plan developed by an interdisciplinary team which included at a minimum: a licensed psychiatrist with experience in child psychiatry; a licensed clinical psychologist if the psychologist was involved in the assessment of the child or the assessment indicates the need for psychological testing; at least one or more licensed mental health therapist
- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
- (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health
- (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
- (e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning
- (f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
- (g) a plan which included the credentials of the individuals who delivered the services
- (h) a plan which included reasonable measures to evaluate whether the objectives are met
- (i) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
- (j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
- (k) an approval from the Division case manager

C. Review of the Treatment Plan

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

**Contractor Qualifications**

- A. Is accredited as a Residential Treatment Facility by JCAHO.
- B. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services or Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.
- C. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- D. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

**Population Served**

- A. Served youth who have severe psychiatric, emotional, behavioral, or similar disorders who require intensive psychiatric, behavioral, medical and other structured rehabilitative interventions and continuous monitoring.
- B. Served youth who may be severely , exhibit self-destructive behavior or have grossly impaired reality testing, communication, cognition, or affect.

**Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records
  - (a) current license
  - (b) staff training and copies of applicable licensure
  - (c) records indicating regular supervision of all direct care staff by clinical staff
  - (d) weekly or daily program schedules indicating the routine and planned activities
  - (e) staff attendance and time sheets
  - (f) client daily attendance and absences including reason for absence
  - (g) facility incident reports
  - (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements
- B. Individual Client Records
  - (a) comprehensive mental health assessment and any updates
  - (b) treatment plan developed by a licensed mental health therapist
  - (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
  - (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
  - (e) notes indicate the methodology and/or activity, frequency and duration of services provided
  - (f) youth specific incident reports
  - (g) any other documentation required by the contract to assure compliance with Division policy and billing

**Staff to Client Ratios**

Provided a 1staff to 4 youth ratio at all times except nighttime sleeping hours.

Provided at least two awake direct care staff on duty during nighttime sleeping hours. Provided one male and one female staff member for both male and female youths on duty at all times.

**Staff Training**

Provided the following training during the first week of employment to:

## A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

## B. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

## C. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs.

**Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) individual therapy by a licensed mental health therapist of an average of two sessions per week per youth, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (e) group therapy by a licensed mental health therapist of an average of two sessions per week per youth, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (f) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Services provided by licensed or trained staff as indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (g) psychological testing and evaluation by a licensed Ph.D. Psychologist
- (h) psychiatric testing and evaluation by a board certified/board eligible child psychiatrist
- (i) medication management services by a M.D. or R.N. as indicated by the psychiatric evaluation and directed by the psychiatrist responsible for overseeing the youth's treatment plan.

B. Arranged for each youth to attend an individualized accredited educational program, provided on site if necessary, that is coordinated with the local school district.

**Staff Requirements**

Provided the following Clinical Services:

## A. Clinical Oversight by:

- (a) at least one licensed psychiatrist with experience in child psychiatry for a sufficient number of hours to provide medical direction and review the admission, discharge, treatment plan development and ongoing review of the treatment plan for each youth in placement and provide consultant to staff or direct services to the youth.
- (b) at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.
- (c) licensed mental health therapist/s that provide on average at least 10 hours per month of documented management, oversight, supervision, consultation and training per youth per month

## B. Clinical and Treatment Services by:

- (a) at least one licensed psychologist to provide testing and evaluation services and other clinical services as necessary.
- (b) a sufficient number of other clinical staff including licensed mental health therapists, licensed recreational therapists, R.N.,



nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services including

comprehensive assessment and skills development services

(c) a sufficient number of other clinical staff including licensed mental health therapists, licensed recreational therapists, R.N., nursing staff, licensed clinical social workers and licensed psychologists to implement treatment plans to improve the youth's functioning and prevent regression so the youth can be discharged within a reasonable period of time.

Provided the following Non-Clinical Services:

A. Program with a Facility Manager who:

- (a) is responsible for the day-to-day supervision of the youth
- (b) is responsible for the operation of the facility
- (c) has a Bachelor's degree or equivalent combination of education and related experience

B. Other Non-Clinical Direct Care Staff who:

- (a) are well-trained direct care staff
- (b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours .

**Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- (c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

# YPT

**Service Code:** YPT

**Service** Penile Plethysmograph Test

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

This is a test performed to assist in developing treatment plans to decrease deviant sexual arousal and increase appropriate sexual arousal. The subject attaches a transducer to his penis for the purpose of measuring penile changes. Penil tumescences is monitored both during and after presentations of potentially erotic stimuli. This information is processed and combined with clinical information to define a treatment plan.

***USSDS Rates as of 7/15/2005***

**Unit**

Personal Need

**Rate**

\$300.00

***Service Eligibility***

**Eligibility**

YC

**Description**

YOUTH CORRECTIONS

**Service Code: YRC****Service Residential Group Care****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

Client Description: Substantial problems; have physical, emotional, or social needs and behaviors that may present a moderate risk of causing harm to themselves or to others. Require treatment program in a structured supportive setting with therapeutic counseling available by professional staff. Facility? Has full-time trained parents or staff to provide guidance and supervision to youth. A planned program with behavioral programming and daily structure required and must include recreation, education, and work. Clinicians should meet with each youth on a regular schedule.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Month	\$99,999.00
Daily	\$67.43

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$86.33

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	12/01/1991	\$75.04	07/01/2000
Daily	COLA	08/09/2001	\$77.84	07/01/2001
Daily	COLA	07/12/2002	\$81.28	07/01/2002
Daily	COLA	07/13/2005	\$86.33	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code*****Client Assessment/Tx Plan**

#####

**Contractor Qualifications**

- A. Provided services through a Residential Support Services or Residential Treatment Services program licensed by the Utah Department Human Services, Office of Licensing.
- B. Met applicable local health, fire safety, building, business license and zoning requirements.
- C. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- D. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

**Population Served**

- A. Served youth with moderate emotional or behavioral problems and/or delinquent records, who have difficulty with interpersonal relationships in a family home environment, require a structured living environment, daily supervision and

monitoring, behavioral treatment and other rehabilitative interventions.

**Name:** B. Served youth who may be occasionally aggressive, withdraw or engage in antisocial acts but present a low risk of harm to self or others.

C. Served youth who may show deficits in social skills, cognition and communication

### **Record Keeping**

Maintained written documentation to support the following:

#### A. Facility Administrative Records

- (a) current license
- (b) staff training and copies of applicable licensure
- © records indicating regular supervision of all direct care staff by clinical staff
- (d) weekly or daily program schedules indicating the routine and planned activities
- (e) staff attendance and time sheets
- (f) client daily attendance and absences including reason for absence
- (g) facility incident reports
- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

#### B. Individual Client Records

- (a) comprehensive mental health assessment and any updates
- (b) treatment plan developed by a licensed mental health therapist
- © documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly

(d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal

(e) notes indicate the methodology and/or activity, frequency and duration of services provided

(f) youth specific incident reports

(g) any other documentation required by the contract to assure compliance with Division policy and billing

### **Staff to Client Ratios**

Provided a 1 to 4 staff to youth ratio at all times except nighttime sleeping hours.

Provided staff on site at all times youth are present and immediately available in emergency situations.

Provided in a mixed gender population one male and one female staff on duty.

### **Staff Training**

Provided the following training during the first week of employment to:

#### A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- © medical and emergency response and evacuation procedures

Provided within the first 12 months of employment the following:

#### A. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- © specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

Provided the following training in addition to the above requirements to:

#### A. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- © emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training

### **Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.

(c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the

youth's condition.

(d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.

(e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

### **Staff Requirements**

Provided the following Clinical Services:

A. Clinical Oversight by one or more licensed mental health therapists who:

- (a) manage and oversee the treatment program
- (b) provide ongoing clinical services
- (c) consult with and train all direct care staff
- (d) provide on the average at least two hours of documented management, oversight, supervision, consultation and training per youth per month

B. Treatment Services by a sufficient number of mental health therapists who:

- (a) provide direct treatment services including comprehensive assessment and skills development services
- (b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

A. Program with a Facility Manager who:

- (a) is responsible for the day-to-day supervision of the youth
- (b) is responsible for the operation of the facility
- (c) has a Bachelor's degree or equivalent combination of education and related experience

B. Other Non-Clinical Direct Care Staff who:

- (a) are well-trained direct care staff
- (b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

### **Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- © planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code: YRG****Service Initiative Games****Creation Date:** 1/26/2001**Obsolete Date:****Contract Type:** Closed or fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

**Description:**

Initiative games are a series of activities placed in a developed curriculum that focus on trust, communication, problem solving, decision making, self esteem, deinhbitizing, and team building, that can be done either indoors or outdoors with groups ranging from 5 to 15 in size. Both physical and cognitive in nature. Services content and implementation are reviewed monthly by recreational therapist. Services are carried out by trained staff.

**USSDS Rates as of 7/15/2005****Unit**

Session

**Rate**

\$20.60

**Service Eligibility****Eligibility**

YC

**Description**

YOUTH CORRECTIONS

**Service Code****Contractor Qualifications**

Planned and supervised the services as an individual licensed by the Utah Department of Commerce, Division of Professional Licensing as a Therapeutic Recreation Specialist or Master Therapeutic Recreation Specialist.  
Complied with the safety standards set by the Association for Experiential Education.

**Other**

- A. Knows of the requirements of the Division of Youth Corrections contract.
- B. Reviewed and signed off on the Department of Human Services Code of Conduct.
- C. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- D. Obtained an annual screening for BCI clearance and abuse registry check.
- E. Knows of appropriate Court and parole procedures and Division policy.
- F. Obtained other training as needed based on any identified special assessment skills.

**Record Keeping**

Provided the following:

- A. A report identifying the date, length, and type of each activity, the instructor and youths and appropriate billing information.
- B. Any other documentation required by the Division of Youth Corrections contract to comply with Division policy and billing

**Rate**

Provided a fee for service reimbursed at the current set rate



**Service Code: YRH****Creation Date: 1/26/2001****Service Intensive Psychiatric Treatment Services,  
Mental Health****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DJJS

***Description:***

24 hour intensive residential treatment program for four or more youth that provides room & board, intensive awake night supervision and treatment services in a residential treatment program. Services include clinical oversight, diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed.

***USSDS Rates as of 7/15/2005*****Unit****Rate**

Daily

\$193.74

***Service Eligibility*****Eligibility****Description**

FT

AFDC-FC

YC

YOUTH CORRECTIONS

**Service Code: YRM****Service Residential Treatment Services****Creation Date: 1/26/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DJJS

**Description:**

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision provided by trained parents or staff. The provider will provide therapeutic interventions designed to improve the child's functioning. Formalized behavioral programs will be implemented by staff under direct supervision of professional staff. Staff will provide recreational therapy of at least two contacts per week. Minimum of one group and one individual therapy session weekly. For

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Month	\$99,999.00
Daily	\$111.34

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$145.27

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	12/01/1991	\$126.28	07/01/2000
Daily	COLA	08/09/2001	\$130.99	07/01/2001
Daily	COLA	07/12/2002	\$136.78	07/01/2002
Daily	COLA	07/13/2005	\$145.27	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

**Service Code****Client Assessment/Tx Plan**

Provided within two weeks of a youth's admission to the program the following:

- A. Assessment
  - (a) a comprehensive mental health assessment on file
  - (b) an update or new assessment if over 30 days old or did not meet requirements
  - (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
  - (d) a history and evaluation of the youth's emotional and mental adjustment
  - (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
  - (f) a history and evaluation of the youth's basic living skills

- (g) a history and evaluation of the youth's academic, educational/vocational status
- Name:** (h) a history and evaluation of the youth's mental and physical health status
- (l) a summary, diagnostic results and if applicable, recommendations for treatment
- B. Treatment Plan
  - (a) an individualized written plan developed by a licensed mental health therapist
  - (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
  - (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental further detail see policy manual. and physical health
  - (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
  - (e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning
  - (f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
  - (g) a plan which included the credentials of the individuals who delivered the services
  - (h) a plan which included reasonable measures to evaluate whether the objectives are met
  - (l) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
  - (j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
  - (k) an approval from the Division case manager
- C. Review of the Treatment Plan
  - (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
  - (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

### **Contractor Qualifications**

- A. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Immediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- B. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- C. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

### **Population Served**

- A. Served youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring.
- B. Served youth who may be aggressive or markedly withdrawn, socially isolated, presented a moderate risk of causing harm to self/others.
- C. Served youth who have impaired reality testing, communication, cognition, or affect.
- D. Provided required continuous monitoring and supervision, including intensive awake night supervision of the youth.

### **Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records
  - (a) current license
  - (b) staff training and copies of applicable licensure
  - (c) records indicating regular supervision of all direct care staff by clinical staff
  - (d) weekly or daily program schedules indicating the routine and planned activities
  - (e) staff attendance and time sheets
  - (f) client daily attendance and absences including reason for absence
  - (g) facility incident reports
  - (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements
- B. Individual Client Records
  - (a) comprehensive mental health assessment and any updates
  - (b) treatment plan developed by a licensed mental health therapist
  - (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
  - (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
  - (e) notes indicate the methodology and/or activity, frequency and duration of services provided
  - (f) youth specific incident reports
  - (g) any other documentation required by the contract to assure compliance with Division policy and billing

**Staff to Client Ratios**

Provided a 1 to 4 staff to youth ratio at all times except nighttime sleeping hours.

Provided at least two awake direct care staff on duty during nighttime sleeping hours.

Provided in a mixed gender population one male and one female staff on duty at all times.

**Staff Training**

Provided the following training during the first week of employment to:

## A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

## B. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

## C. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

## D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training

**Tx/Serv Requirement**

## A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

## B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

## C. Arranged for each youth to attend an individualized accredited educational program.

**Staff Requirements**

Provided the following Clinical Services:

## A. Clinical Oversight by at least one licensed mental health therapist/s to provide:

- (a) provides management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.
- (b) provides on average at least 5 hours per month of documented management, oversight, supervision, consultation and training per youth per month

## B. Treatment Services by a sufficient number of mental health therapists who:

- (a) provide direct treatment services including comprehensive assessment and skills development services
- (b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

## A. Program with a Facility Manager who:

- (a) is responsible for the day-to-day supervision of the youth
- (b) is responsible for the operation of the facility
- (c) has a Bachelor's degree or equivalent combination of education and related experience

## B. Other Non-Clinical Direct Care Staff who:

- (a) are well-trained direct care staff
- (b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

**Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered. Followed Medicaid reimbursement requirements as indicated:

- (a) only 8 absence days per month per youth
- (b) planned family/home visit
- (c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program
- (d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)
- (e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code: YRP****Service Ropes Course****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Creation Date:** 1/26/2001**Obsolete Date:****Agencies Using Code**

DJJS

***Description:***

A low and high challenge ropes course would consist of a configuration of ropes, cables, and equipment placed in trees or structures in such a way to form a series of events that various groups may safely use. Most events are used in such a way that the participants are supported by or walk on them. Group building, group cohesion, trust, communication skills, self esteem. Service content and implementation are reviewed monthly by recreational therapist. Services are carried out by trained staff.

***USSDS Rates as of 7/15/2005*****Unit**

Daily

**Rate**

\$38.52

***Service Eligibility*****Eligibility**

YC

**Description**

YOUTH CORRECTIONS

***Service Code*****Contractor Qualifications**

Planned and supervised the services as an individual licensed by the Utah Department of Commerce, Division of Professional Licensing as a Therapeutic Recreation Specialist or Master Therapeutic Recreation Specialist.  
Complied with the safety standards set by the Association for Experiential Education.

**Other**

ADDITIONAL REQUIREMENTS

- A. Knows of the requirements of the Division of Youth Corrections contract.
- B. Reviewed and signed off on the Department of Human Services Code of Conduct.
- C. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- D. Obtained an annual screening for BCI clearance and abuse registry check.
- E. Knows of appropriate Court and parole procedures and Division policy.
- F. Obtained other training as needed based on any identified special assessment skills.

**Record Keeping**

Provided the following:

- A. A report identifying the date, length, and type of each activity, the instructor and youths and appropriate billing information.
- B. Any other documentation required by the Division of Youth Corrections contract to comply with Division policy and billing

**Rate**

Provided a fee for service reimbursed at the current set rate.

**Service Code: YSM****Creation Date:** 1/26/2001**Service Intensive Residential Treatment Services,  
Sexual Offender, Level 6, Mental Health****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DJJS

***Description:***

24 hour intensive residential treatment program for four or more juvenile sex offenders that provides room & board, maximum non-secure supervision and intensive clinical intervention in a residential treatment facility meeting standards for a level 6 facility as specified by the National Task Force on Juveniles Offending Sexually. The program must be able to address the treatment needs of the full range of juvenile sexual offenders and provide an offense-specific risk and clinical evaluation. Treatment services include offense - specific treatment groups, family therapy, individual therapy, group therapy, psychological evaluation and testing, psychiatric evaluation and, as appropriate, medication management. Treatment includes behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral, and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition or prevent further

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$193.74

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

**Service Code: YSS****Creation Date:** 1/26/2001**Service Intensive Residential Treatment Services,  
Sexual Offender, Level 7 Secure Care, Mental  
Health****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DJJS

***Description:***

Due to increasing concern from the public and the juvenile justice system this back to basics, balanced approach which supports the communities need for public safety, development of competencies and skills for youthful offenders, and holding them accountable for their behavior, becomes the basis for this service. The Division will administer short term programming and residential care for youth with the goal of diverting them from penetration further into the system and reintegrating them with their families. State supervision will be a structured, short-term residential care program.

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$231.37

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
FT	AFDC-FC
YC	YOUTH CORRECTIONS



**Service Code: YST****Service Residential Treatment for Juvenile Sexual Offenders****Creation Date:** 1/26/2001**Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

***Description:***

Program Description: The program must be able to provide services to youth who are typically more predatory, violent and/or more entrenched in sex offender patterns. It should meet minimum standards of treatment of juvenile sex offenders as specified by the National Task Force on Juveniles Offending Sexually (1988). Treatment services must include a constellation of treatment modalities which include offense specific treatment groups and psycho educational groups.

Facility: A community based placement that provides maximum non-secure supervision and intensive clinical intervention to juvenile sex offenders. The program must provide 24-hour awake supervision with staff to client ratios of 1:3 daily and 1:5 after hours. The provider will offer specific risk and clinical assessment. Services include: at least two individual and three group therapy sessions per week, organized, structured recreational activities twice a week, and family sessions of twice a month. For further

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$139.42

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$176.58

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	Initial Review	05/01/1993	\$153.50	07/01/2000
Daily	COLA	08/09/2001	\$159.23	07/01/2001
Daily	COLA	07/12/2002	\$166.26	07/01/2002
Daily	COLA	07/13/2005	\$176.58	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code******Client Assessment/Tx Plan***

Provided within two weeks of a youth's admission to the program the following:

- A. Assessment
  - (a) a comprehensive mental health assessment on file
  - (b) an update or new assessment if over 30 days old or did not meet requirements
  - (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
  - (d) a history and evaluation of the youth's emotional and mental adjustment
  - (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
  - (f) a history and evaluation of the youth's basic living skills

- (g) a history and evaluation of the youth's academic, educational/vocational status

***Name:*** (h) a history and evaluation of the youth's mental and physical health status

- (l) a summary, diagnostic results and if applicable, recommendations for treatment
- (j) the use of sexual arousal materials and plethysmography for youth less than eighteen (18) years of age were not included as methods for assessment or treatment progress monitoring.

#### B. Treatment Plan

- (a) an individualized written plan developed by a licensed mental health therapist.
  - (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
  - (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academics, educational/vocational status, mental detail see policy manual. and physical health.
  - (d) a plan for Sexual Offender programs which addressed strategies for work on the youth's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.
  - (e) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives.
  - (f) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning.
  - (g) a plan which included offense specific treatment groups, psycho-educational groups to include but not limited to daily living and social skills, sex education (including AIDS and sexually transmitted diseases) and family sessions. Sex education is responsive to offender specific issues, integrated with treatment goals, and assisted the youth in confronting cognitive distortions. Family sessions addressed sex offender specific issues. Methods assured offender accountability is well defined.
  - (h) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
  - (i) a plan which included the credentials of the individuals who delivered the services
  - (j) a plan which included reasonable measures to evaluate whether the objectives are met
  - (k) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
  - (l) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
  - (m) an approval from the Division case manager
- #### C. Review of the Treatment Plan
- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
  - (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

### **Contractor Qualifications**

- A. Met standards for a level 6 facility as specified by the Network on Juveniles Offending Sexually (NOJOS).
- B. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.
- C. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- D. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

### **Population Served**

- A. Served adolescent juvenile sex offenders with a broad range of sexual offenses.
- B. Served adolescents with patterned, repetitious sexual offenses and acting out behavior.
- C. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community.
- D. Served youth who are in the following offender types: "under socialized," "sexual compulsives," "sexual aggressive," and /or "group influenced."
- E. Served youth who have severe emotional and behavioral problems.

### **Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records
  - (a) current license
  - (b) staff training and copies of applicable licensure
  - (c) records indicating regular supervision of all direct care staff by clinical staff
  - (d) weekly or daily program schedules indicating the routine and planned activities
  - (e) staff attendance and time sheets
  - (f) client daily attendance and absences including reason for absence
  - (g) facility incident reports

- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements
- B. Individual Client Records

- (a) comprehensive mental health assessment and any updates

#### DOCUMENTATION

#### CONTRACTOR:

Maintained written documentation to support the following:

##### A. Facility Administrative Records

- (a) current license
- (b) staff training and copies of applicable licensure
- (c) records indicating regular supervision of all direct care staff by clinical staff
- (d) weekly or daily program schedules indicating the routine and planned activities
- (e) staff attendance and time sheets
- (f) client daily attendance and absences including reason for absence
- (g) facility incident reports
- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements

##### B. Individual Client Records

- (a) comprehensive mental health assessment and any updates
- (b) treatment plan developed by a licensed mental health therapist
- (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly
- (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
- (e) notes indicate the methodology and/or activity, frequency and duration of services provided
- (f) youth specific incident reports
- (g) any other documentation required by the contract to assure compliance with Division policy and billing.

#### **Staff to Client Ratios**

Provided a 1staff to 3 youth ratio at all times except nighttime sleeping hours.

Provided at least two awake direct care staff on duty during nighttime sleeping hours or a ratio of 1 staff to 5 youth (whichever is greater in number of staff).

#### **Staff Training**

Provided the following training during the first week of employment to:

##### A. All Staff

- (a) orientation to the requirements of the contract
- (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
- (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

##### B. Direct Care Staff (Non-Clinical Staff)

- (a) 25 hours of training in areas listed above and below prior to providing direct care
- (b) Basic First Aid and CPR including certification
- (c) emergency response and evacuation procedures
- (d) basic child/adolescent behavior and development
- (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators including behavioral characteristics, family dynamics, assessment and treatment issues
- (f) other training as needed based on the program model and an assessment of the individual staff training needs
- (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

##### C. an additional 25 hours of training in the subject areas listed below

- (a) adolescent behavior management
- (b) discipline methods
- (c) specialized skill training in aggression management
- (d) parenting skills
- (e) skills development requirements
- (f) appropriate court and parole procedures
- (g) other training as needed based on the program model and an assessment of individual staff training needs

D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs.

#### **Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (c) a program for Sexual Offenders that included a sexual offense specific risk assessment.
- (d) individual therapy by a licensed mental health therapist of an average of one to four sessions per week per youth with an expected average of two sessions, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- (e) group therapy by a licensed mental health therapist of an average of four to ten sessions per week per youth with an expected average of six sessions per week per youth, unless otherwise indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.

(f) family sessions (individual/group) by a licensed mental health therapist one to four sessions per month with an expected

average of two sessions per month unless otherwise indicated by the assessment and directed by the licensed mental health professional responsible for overseeing the youth's plan of care.

(g) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Services provided by licensed or trained staff as indicated by the assessment and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.

h) psychological testing and evaluation by a licensed Ph.D. Psychologist.

(i) psychiatric testing and evaluation by a board certified/board eligible child psychiatrist.

(j) medication management services by a M.D. or R.N. as indicated by the psychiatric evaluation and directed by the psychiatrist responsible for overseeing the youth's treatment plan.

B. Arranged for each youth to attend an individualized accredited educational program, provided on site if necessary, that is coordinated with the local school district.

the youth's admission to the program.

### **Staff Requirements**

Provided the following Clinical Services:

A. Clinical Oversight by:

(a) at least one or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff.

(b) licensed mental health therapist/s that provide on average at least 5 hours per month of documented management, oversight, supervision, consultation and training per youth per month

B. Clinical and Treatment Services by:

(a) a sufficient number of licensed mental health therapists to provide direct treatment services to youths including comprehensive assessment, individual therapy, group therapy and skills development services to implement treatment plans.

(b) a treatment plan that improves the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

A. Program with a Facility Manager who:

(a) is responsible for the day-to-day supervision of the youth

(b) is responsible for the operation of the facility

(c) has a Bachelor's degree or equivalent combination of education and related experience

B. Other Non-Clinical Direct Care Staff who:

(a) are well-trained direct care staff

(b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

### **Rate**

RATE

CONTRACTOR:

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated

(a) only 8 absence days per month per youth

(b) planned family/home visit

(c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program

(d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)

(e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code: YTF****Service Residential Teaching Family Model****Creation Date: 1/26/2001****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Agencies Using Code****Residential:** No

DJJS

**Description:**

Client Description: Severe problems, unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting. Must have certification with the National Teaching Family Association.

Facility: Residential living arrangements for male or female youth with intensive daily supervision and awake night supervision provided by trained parents or staff. The provider's intervention will be the teaching family model designed to improve the child's functioning. Families must be certified as a teaching family. Formalized behavioral programs will be implemented by staff under direct supervision of professional staff. Staff will provide recreational therapy of at least two contacts per week. Minimum of one group and one individual therapy session weekly. For further detail see policy manual.

**USSDS Rates as of 7/15/2005****Unit****Rate**

Daily

\$107.29

**BCM Maximum Allowable Rate (MAR)****Unit****MAR Rate**

Daily

\$135.97

**BCM Rate Actions**

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Initial Review	07/01/1995	\$118.20	07/01/2000
Daily	COLA	08/09/2001	\$122.60	07/01/2001
Daily	COLA	07/12/2002	\$128.02	07/01/2002
Daily	COLA	07/13/2005	\$135.97	07/01/2005

**Service Eligibility****Eligibility****Description**

FT

AFDC-FC

YC

YOUTH CORRECTIONS

**Service Code****Client Assessment/Tx Plan**

Provided within two weeks of a youth's admission to the program the following:

## A. Assessment

- (a) a comprehensive mental health assessment on file
- (b) an update or new assessment if over 30 days old or did not meet requirements
- (c) an assessment developed and signed by a licensed mental health therapist in consultation with the youth and other individuals with knowledge of the youth
- (d) a history and evaluation of the youth's emotional and mental adjustment
- (e) a history and evaluation of the youth's social functioning, interpersonal, communication and social skills
- (f) a history and evaluation of the youth's basic living skills
- (g) a history and evaluation of the youth's academic, educational/vocational status

- (h) a history and evaluation of the youth's mental and physical health status

***Name:*** (l) a summary, diagnostic results and if applicable, recommendations for treatment

**B. Treatment Plan**

- (a) an individualized written plan developed by a licensed mental health therapist
- (b) a plan developed within one month of the youth's admission into the program in consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge
- (c) a plan which addressed the youth's strengths and needs in the following areas - emotional and mental adjustment, social functioning, interpersonal, communication and social skills, basic living skills, academic, educational/vocational status, mental and physical health
- (d) a plan which included individualized treatment objectives which addressed the youth's needs and prescribed an integrated program of therapies, activities and experiences to meet the objectives
- (e) a plan which may include individual therapy, group therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning
- (f) a projected schedule for delivery of service which included the frequency and duration of each type of planned therapeutic session or encounter
- (g) a plan which included the credentials of the individuals who delivered the services
- (h) a plan which included reasonable measures to evaluate whether the objectives are met
- (i) a plan with discharge criteria, appropriate post-discharge plans, coordination of residential services with related community services to ensure continuity of care with the youth's family or others in whose care the youth will be released after discharge, school and community
- (j) a signature of the licensed mental health therapist responsible for oversight of the treatment plan
- (k) an approval from the Division case manager

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

**C. Review of the Treatment Plan**

- (a) a review of the treatment plan at least quarterly or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for oversight of the treatment program
- (b) a review which included an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

**Contractor Qualifications**

- A. Maintained a formal agreement with a Certified Teaching-Family Model Sponsor Site which included a yearly review and sign off by the certified sponsor site in the areas of training, consultation, and consumer evaluations to the Teaching - Family Model standards. Also included a formal, confidential evaluation of the providers primary consumer groups, i.e., youth, parents, case managers, therapists, schools, etc.
- B. Provided services licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Immediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- C. Met applicable local health, fire safety, building, business license and zoning requirements.
- D. Met the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18) for all persons employed or associated with the provider/licensee.
- E. Enrolled as a Medicaid Provider and allowed the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services included in the rate paid by the Division.

**Population Served**

- A. Served youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring.
- B. Served youth who may be aggressive or markedly withdrawn, socially isolated, presented a moderate risk of causing harm to self/others.
- C. Served youth who have impaired reality testing, communication, cognition, or affect
- D. Served youth who may be sexually reactive or sexual offenders but have not displayed predatory patterns of offending, used force or weapons in committing their offenses, shown a propensity to sexually acting out with same age peers or displayed acute or chronic psychiatric disturbance.
- E. Provided continuous monitoring and supervision of the youth.

**Record Keeping**

Maintained written documentation to support the following:

- A. Facility Administrative Records
  - (a) current license
  - (b) staff training and copies of applicable licensure



- (c) records indicating regular supervision of all direct care staff by clinical staff
- (d) weekly or daily program schedules indicating the routine and planned activities

- (e) staff attendance and time sheets
- (f) client daily attendance and absences including reason for absence
- (g) facility incident reports
- (h) any other documentation required in the contract to assure compliance with Division policy and billing requirements
- B. Individual Client Records
  - (a) comprehensive mental health assessment and any updates
  - (b) treatment plan developed by a licensed mental health therapist
  - (c) documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least quarterly (d) for each treatment goal, monthly notes summarizing progress toward treatment goals completed by staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal
  - (e) notes indicate the methodology and/or activity, frequency and duration of services provided
  - (f) youth specific incident reports

### **Staff to Client Ratios**

Provided a 1 to 4 staff to youth ratio at all times except nighttime sleeping hours.

Provided staff on site at all times youth are present and immediately available in emergency situations.

Provided in a mixed gender population one male and one female staff on duty.

### **Staff Training**

Provided the following training during the first week of employment to:

- A. All Staff
  - (a) orientation to the requirements of the contract
  - (b) review of the Department of Human Services Code of Conduct which is signed and placed in the staff personnel file
  - (c) medical and emergency response and evacuation procedures

Provided the following training in addition to the above requirements to:

- B. Direct Care Staff (Non-Clinical Staff)
  - (a) 25 hours of training in areas listed above and below prior to providing direct care
  - (b) Basic First Aid and CPR including certification
  - (c) emergency response and evacuation procedures
  - (d) basic child/adolescent behavior and development
  - (e) sexual abuse victim/perpetrator specific related training if the facility provides services to sexual abuse victims or perpetrators
  - (f) other training as needed based on the program model and an assessment of the individual staff training needs
  - (g) Division Community Residential Standards and Policy

Provided within the first 12 months of employment the following:

- C. an additional 25 hours of training in the subject areas listed below
  - (a) adolescent behavior management
  - (b) discipline methods
  - (c) specialized skill training in aggression management
  - (d) parenting skills
  - (e) skills development requirements
  - (f) appropriate court and parole procedures
  - (g) other training as needed based on the program model and an assessment of individual staff training needs
- D. Provided annually thereafter, an additional 30 hours of training based on an assessment of individual staff training

### **Tx/Serv Requirement**

A. Provided the following services directly to each youth in the program:

- (a) a comprehensive mental health assessment by a licensed mental health therapist within two weeks of program admission.
- (b) an update of the assessment if completed by a licensed mental health therapist prior to the youth's admission to the program.
- (c) a review and update of the mental health assessment annually or more frequently as needed based on changes in the youth's condition.
- (d) skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes.
- (e) a licensed or trained staff provided the services as indicated by the assessment and direction of the licensed mental health therapist responsible for overseeing the youth's treatment plan.

B. Arranged for the services listed below as indicated by the youth's assessment or treatment plan and approved by the NYC case manager:

- (a) skills development or other rehabilitative services by a licensed day treatment program
- (b) individual therapy by a licensed mental health therapist
- (c) group therapy by a licensed mental health therapist
- (d) psychological evaluation by a licensed psychologist
- (e) psychiatric evaluation and medication management by a licensed psychiatrist

C. Arranged for each youth to attend an individualized accredited educational program.

### **Staff Requirements**

Provided the following Clinical Services:

- A. Clinical Oversight by one Certified Teaching-Family Model Consultant who:

- (a) provides daily management of the treatment program including in home observations, behavioral data analysis, treatment

planning and consultation meetings

(b) provides on average at least 5 hours per month of documented management, supervision and training per client per week plus 24 hour, 7 day a week crisis intervention availability

c) is a licensed mental health therapist and provides mental health services in treating juvenile sex offenders or sexually reactive children/youth

(d) is a licensed mental health therapist, licensed registered nurse with experience in a psychiatric setting, licensed certified social worker or an individual certified or credentialed to provide rehabilitative services to children.

B. Treatment Services by a sufficient number of mental health therapists who:

(a) provide direct treatment services including comprehensive assessment and skills development services

(b) implement treatment plans to improve the youth's functioning and prevent regression

Provided the following Non-Clinical Services:

A. Program with a Facility Manager who:

(a) is responsible for the day-to-day supervision of the youth

(b) is responsible for the operation of the facility

(c) has a Bachelor's degree or equivalent combination of education and related experience

B. Other Non-Clinical Direct Care Staff who:

(a) are well-trained direct care staff

(b) assure adequate 24 hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours

(c) are a married couple trained as treatment providers with at least one who possesses at least a Bachelors degree or an additional full time equivalent

(d) are certified by the teaching-family model sponsor site or have the ability to be certified within one year of employment

(e) receive Sponsor Site approved training, consultation, evaluation, and administrative support services

### **Rate**

Provided room, board, and supervision, personal allotments, treatment services and other treatment services as required at the current rate.

Negotiated with the local school district as academic educational costs are usually not covered.

Followed Medicaid reimbursement requirements as indicated:

(a) only 8 absence days per month per youth

(b) planned family/home visit

(c) planned visit to prospective foster home, independent living, kin placement, or other prospective home or program

(d) unanticipated absence such as a run-away or detention (Medicaid does not reimburse if youth is in detention)

(e) short-term hospital or nursing facility stay (Medicaid does not reimburse if the youth is in the hospital or nursing facility for a short-term stay)

**Service Code: YTR****Service Transitional Living Residential Care, Mental Health****Creation Date: 7/26/2005****Obsolete Date:****Contract Type:** Open or non-fixed dollar amount contract required**Residential:** No**Agencies Using Code**

DJJS

***Description:***

Twenty-four hour supervised transitional living residential care program for 4 or more youth provided in a licensed facility with apartment-like rooms. The program provides room and board, behavior management, general guidance, supervision, diagnostic and treatment services designed for youth with behavioral, psychiatric and adjustment problems. Diagnostic and treatment services may include mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management services are provided under the direction of a licensed mental health professional and are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth with the expectation that the services offered must be reasonably expected to improve the youth's condition and/or develop the ability to live in a less structured placement, so that services of this intensity will no longer be needed. child/youth's condition or prevent further regression so that services of this intensity will no longer be needed. The services are intended to prepare the youth for independent living and to assist with such arrangements when appropriate.

***USSDS Rates as of 7/15/2005***

<u>Unit</u>	<u>Rate</u>
Daily	\$154.54

***BCM Maximum Allowable Rate (MAR)***

<u>Unit</u>	<u>MAR Rate</u>
Daily	\$162.73

***BCM Rate Actions***

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Daily	COLA	07/26/2005	\$162.73	07/01/2005

***Service Eligibility***

<u>Eligibility</u>	<u>Description</u>
FT	AFDC-FC
YC	YOUTH CORRECTIONS

***Service Code******Client Assessment/Tx Plan***

A.Evaluation: Within two weeks of admission to the program, each client must have a current comprehensive mental health evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the provider must complete or arrange for a new evaluation, or review and update the previous evaluation. The evaluation must contain the following:

- 1.Must be completed and signed by a licensed mental health therapist in consultation with the client and other individuals who have knowledge of the client.
- 2.Must contain a history and evaluation of the client's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
- 3.Must include a summary, diagnostic results, if applicable, and recommendations for treatment.

## B. Treatment Plan

### ***Name:***

1. Based on the evaluation, an individualized written treatment plan must be developed by a licensed mental health therapist.

2. The plan must be completed within one month of the client's admission into the program and include consultation with the client, parents, legal guardians or others in whose care the client will be released after discharge.

3. At a minimum, the plan must address the client's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health, safety, and basic life skills.)

4. The plan must include:

a. Individualized treatment objectives to address the client's needs and prescribe an integrated program of interventions, activities, and experiences to meet the objectives. Therapies, activities and experiences may include individual therapy; group therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the client's functioning;

b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

c. The credentials of the individuals who will deliver the services;

d. Reasonable measures to evaluate whether the objectives are met;

e. Discharge criteria and, at the appropriate time, post-discharge plans and coordination of services with related community services to ensure continuity of care for mental health services upon discharge.

f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of the Division caseworker.

## C. Review of the Treatment Plan

1. The plan must be reviewed and updated at least quarterly or more often, as needed, if there is a change in the client's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.

2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the client's continued participation in the program.

### **Contractor Qualifications**

A. The provider must be the designated provider of comprehensive mental health services of the local mental health authority per UCA 17A-3-602. As such, the provider will have the capacity to provide a comprehensive array of services including: Inpatient care and services, residential care and services, day treatment/psychosocial rehabilitation, outpatient care and services, 24-hour crisis care, outreach care and services, follow-up care and services, screening for referral services, consultation and education services. The provider must also be an active participant in the maintenance of effort agreement between the Department of Human Services and the Utah Behavioral Health Network (UBHN).

B. The provider must be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment or Residential Support Services.

C. All persons employed or associated with the provider/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-15).

D. The provider must be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the provider.

### **Population Served**

A. The program must have the capacity to serve youth, ages 16 1/2 to 21 years of age with moderate emotional or behavioral problems and/or delinquency records who are designated as Serious Emotionally Disordered (SED). They may also have difficulty with interpersonal relationships and activities of daily living that require daily supervision and monitoring, behavioral treatment, and other rehabilitative interventions, in order to prepare them for successful independent living. They may occasionally be aggressive or withdrawn, engage in antisocial behavior, show deficits in social skills, cognition, or communication, but must present a low risk of harm to self or others for services provided in an apartment-like residential setting.

### **Record Keeping**

A. Facility Administrative Records -The provider will develop and maintain sufficient written documentation to support the

following:

1.Current License.

2. Staff training and copies of applicable licensure.
3. Records indicating regular supervision of all direct care staff by clinical staff.
4. Weekly or daily program schedules indicating the routine and planned activities.
5. Staff attendance and time sheets.
6. Client daily attendance and absences including reason for absence.
7. Facility incident reports.
8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

B. Individual Client Records -The provider will develop and maintain sufficient written documentation to support the following:

1. Comprehensive mental health evaluation and any updates (See Section VIII-A).
2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
3. Documentation that the licensed mental health therapist responsible for overseeing the client's treatment plan has reviewed the treatment plan at least quarterly (See Section VIII-C).
4. For each treatment goal, monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
5. Client specific incident reports.
6. Any other documentation required by the contract to assure compliance with Division policy and billing requirements

### **Staff to Client Ratios**

A. For services provided in an apartment-based facility designed to promote independence and self sufficiency, the staff-to-client ratio may vary based on the client's needs, as determined by the licensed mental health therapist, in conjunction with the client's caseworker. However, at a minimum the program must have the following:

1. Treatment staff who are available to provide daily supervision and monitoring of each client placed in the facility;
2. Awake night staff who are on-site and immediately available to respond to any emergency during nighttime sleeping hours.

B. For services provided in a residential support, apartment-based facility, the program will have at a minimum a 1 to 5 staff-to-client ratio at all times except nighttime sleeping hours. Awake nighttime supervision is required. Staff must be on site at all times youth are present and immediately available for emergency situations.

### **Staff Training**

#### **A. All Staff**

The provider must ensure that all staff (clinical, non-clinical, administrative staff, and volunteers) are well trained and receive at a minimum the following training within the first week of employment:

1. Orientation to the requirements of the contract;
2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individuals personnel file;
3. Emergency response and evacuation procedures.

#### **B. Direct Care Staff (Non-Clinical Staff)**

In addition to the above requirements, the provider must provide sufficient documentation to demonstrate that non-clinical direct care staff have received at least the following training as specified:

1. Within the first month of employment, at least 25 hours of training in the subject areas listed in Section VII-A above and as listed below. Until this training requirement is met, staff shall not provide direct care services unless another trained staff person is on duty and present in the facility. Prior training may be substituted for the items listed below on an hour-for-hour



basis if documented and received within two years of employment.

a. Basic first aid and CPR including certification;

b. Basic child/adolescent behavior and development;

c. If the facility provides services to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

2. Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

a. Behavior management and discipline methods including specialized skill training in aggression management;

b. Parenting skills and skills development requirements;

d. Other training as needed based on the program model and an evaluation of individual staff training needs.

### **Tx/Serv Requirement**

The provider must have the capacity to provide the following services directly to each client in the program as indicated by the client's evaluation, directed by the licensed mental health therapist responsible for overseeing the client's treatment plan and approved by the client's caseworker:

A. A comprehensive mental health evaluation by a licensed mental health therapist within two weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the client's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;

B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the client's condition;

C. Individual therapy by a licensed mental health therapist.

D. Group therapy by a licensed mental health therapist.

E. Skills development and other rehabilitative services to assist the client to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. These services should include a focus on the skills needed by the client to appropriately access educational, training or employment resources. Such services must be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the client's treatment plan;

F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;

G. Psychiatric evaluation by a board certified/board eligible child psychiatrist;

H. Medication management services by an M.D. or R.N.;

### **Staff Requirements**

#### **A. Clinical**

1. Clinical Oversight: The program must employ or contract with one or more licensed mental health therapist(s) to provide management and oversight of the treatment program, ongoing clinical supervision, consultation, and training to all direct care staff. Whether employed or under contract, mental health therapist(s) must provide, on average, at least two hours of documented management, oversight, supervision, consultation and training per client per month. (For example, if the average daily census in a given month is 3, there must be at least 6 hours of documented service by one or more licensed mental health therapists for that month.);

2. Treatment Services: The program must employ or contract with a sufficient number of other mental health therapists, including board certified/board eligible child psychiatrists, to provide direct treatment services to clients including a comprehensive evaluation of the client's needs and to implement treatment plans to improve the client's independence and self sufficiency. (Direct service hours by clinical staff may not be counted toward the required 2 hours of management oversight required in item V-A-1 above.)

#### **B. Non-Clinical Staff**

1. Treatment Staff: Treatment staff (persons over age 21) utilized by the program will be responsible for skills development, behavior management, and general guidance and supervision of each client placed in the facility. Treatment staff will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision, as appropriate, to promote independence and self sufficiency.

2. Facility Manager: The program must employ a facility manager who will be responsible for the day-to-day supervision of the

residents and the operation of the facility.

3. Other Non-Clinical Direct Care Staff: The program must employ a sufficient number of other well-trained direct care staff to ensure adequate 24-hour supervision of the resident during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the client in community or school settings outside the home, provide

**Rate**

A.The Provider will be reimbursed on a fee-for-service basis at a daily rate.

B.The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each client), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, individual therapy, group therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Provider Capacity. Academic educational costs are not covered as they should be provided by the local school district.

C.Although the Division may reimburse the provider at the daily rate when the client is absent from the facility/program under the conditions listed below, Medicaid will allow reimbursement for only 8 absent days per month as indicated below:

- 1.Planned family/home visit;
- 2.Planned visit to prospective foster home, independent living, kin placement, or other prospective home or program.
- 3.Unanticipated absence such as a run-away or detention (no Medicaid reimbursement if the client is in a detention facility);
- 4.Short-term hospital or nursing facility stay (no Medicaid reimbursement).

**Service Code: YXE**

**Service Psychological Evaluation**

**Contract Type:** Either a non-fixed or fixed amount contract required

**Residential:** No

**Creation Date:** 1/26/2001

**Obsolete Date:**

**Agencies Using Code**

DCFS

DJJS

**Description:**

Evaluations to include a general assessment of cognitive functioning, personality profile and specific diagnostic study and description of areas of pathology related to the behavior. Clinical intervention to youth may be ongoing. Staff consultation upon

**USSDS Rates as of 7/15/2005**

<u>Unit</u>	<u>Rate</u>
Quarter hour	\$28.12

**BCM Maximum Allowable Rate (MAR)**

<u>Unit</u>	<u>MAR Rate</u>
Quarter hour	\$33.07

**BCM Rate Actions**

<u>Unit</u>	<u>Action</u>	<u>Action Date</u>	<u>New Rate</u>	<u>Effective Date</u>
Quarter hour	Initial Review	11/01/1993	\$28.75	07/01/2000
Quarter hour	COLA	08/09/2001	\$29.82	07/01/2001
Quarter hour	COLA	07/12/2002	\$31.14	07/01/2002
Quarter hour	COLA	07/13/2005	\$33.07	07/01/2005

**Service Eligibility**

<u>Eligibility</u>	<u>Description</u>
FB	CHILD WELFARE NON IV-E
YC	YOUTH CORRECTIONS

**Service Code**

**Contractor Qualifications**

A licensed psychiatrist or licensed psychologist or psychology intern enrolled in a program leading to licensure or engaged in completion of clinical training after completion of the education, working under the supervision of a licensed psychologist. Master-level psychologists may administer psychological test to clients. However, such individuals may interpret tests only under the direct supervision of a licensed psychologist or psychiatrist. The supervising psychologist or psychiatrist must review the tests administered, actively participate in the interpretation process, review the written report, and countersign the

**Other**

- A. Knowledge of the requirements of the Division contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**Record Keeping**

- A. Dates of the testing, brief history, test administered, test scores, evaluation of test results, current functioning of examinee, diagnosis and prognosis.

***Name: Rate***

The Provider will be reimbursed on a fee for service basis.

request.

**YYS**

**Service Code: YYS**

**Service Youth Services**

**Contract Type:** Open or non-fixed dollar amount contract required

**Residential:** No

**Creation Date:** 4/30/2002

**Obsolete Date:**

**Agencies Using Code**

DJJS

***Description:***

Services to runaway and ungovernable youth and their parents, up to 60 days of counseling and time limited shelter in a youth service center. Includes crisis intervention, counseling, referrals to appropriate resources, developing treatment plan, counseling and mediation with youth/parents, and arranging transportation

***USSDS Rates as of 7/15/2005***

<b><u>Unit</u></b>	<b><u>Rate</u></b>
Daily	\$42.00
Month	\$50,594.08

***BCM Maximum Allowable Rate (MAR)***

<b><u>Unit</u></b>	<b><u>MAR Rate</u></b>
Daily	\$42.00

***BCM Rate Actions***

<b><u>Unit</u></b>	<b><u>Action</u></b>	<b><u>Action Date</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
Daily	Initial Review	04/30/2002	\$42.00	04/24/2002

***Service Eligibility***

<b><u>Eligibility</u></b>	<b><u>Description</u></b>
YC	YOUTH CORRECTIONS